

Adult Attachment and Coping Processes: the predictive effect of attachment
style on behavioural and cognitive coping responses to a partner's infidelity

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Abstract

This study investigated whether attachment-related anxiety and attachment-related avoidance are significant predictors of coping strategies in relation to memories of coping with partner infidelity. Four hundred and fifteen participants who had the experience of a romantic partner engaging in infidelity completed questionnaires measuring their attachment style and their use of eight cognitive and behavioural coping strategies. Of the total participants, 231 who had completed all of the study's measures and met the research inclusion criteria were included within the preliminary and main analyses. The data was analysed using a series of separate hierarchical multiple linear regressions. Individuals with high attachment avoidance scores engaged in less seeking social support and confrontive strategies, and in more distancing strategies to cope with partner infidelity. Alternatively, individuals with high attachment anxiety engaged in more accepting responsibility and escape avoidance strategies, and less positive reappraisal strategies to cope with partner infidelity. These findings advocate potential therapeutic interventions for individuals coping with partner infidelity, including helping clients understand the ineffective coping mechanisms that arise from their attachment patterns and supporting them in challenging their cognitions and adopting more effective methods of coping with partner infidelity. Although the study was able to predict the types of coping strategies insecurely attached individuals are likely to use when coping with a partner's infidelity, it did not directly focus on the impact this had on participants' psychological distress. Future research using mediator analyses could offer interesting information into the complex relationship between attachment, coping, and psychological distress, and shed light on whether specific strategies may increase an individual's vulnerability of developing mental health difficulties in response to a partner's infidelity.

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Chapter 1: Introduction

This study applied attachment theory as a framework for understanding how individuals cope with partner infidelity. Infidelity can have serious personal, familial, and societal consequences, such as domestic abuse, homicide, and mental health difficulties (Amato & Previti, 2003; Daly & Wilson, 1988; Lusterman, 1998). Whilst emotional and sexual exclusivity within an intimate relationship is an upheld societal norm in the West, studies confirm that the occurrence of infidelity is widespread (Allen & Atkins, 2005; West & Fallon, 2005). Furthermore, infidelity is the number one cited reason for divorce in the US and cross-culturally (Amato & Previti, 2003; Betzig, 1989) and according to couple therapists, one of the most destructive difficulties for a relationship and one of the most challenging issues to treat (Whisman, Dixon, & Johnson, 1997). Nevertheless, according to a methodological review of the infidelity literature (Blow & Hartnett, 2005a), a majority of the literature on infidelity is based on “opinion, clinical experience, or limited research of the authors” (p. 184) whilst the small portion of research articles is considered to possess “many methodological limitations” (p. 184). These limitations highlight the need for methodologically strong studies to inform counselling psychology practice.

Attachment theory is considered one of the most useful frameworks for understanding individual differences in coping (Mikulincer, Shaver, & Pereg, 2003). According to adult attachment theory, an individual’s cumulative experience of the sensitivity and receptiveness of attachment figures (e.g. caregivers, close friends, romantic partners) is stored as part of his/her inner working models. These working models guide how an individual interprets and regulates emotional experiences, as well as how they think, feel and behave with attachment figures, particularly when distressed (Collins, Guichard, Ford, & Feeney, 2004; Fraley & Shaver, 2000). Studies have found that securely attached individuals are likely to engage in

strategies which help them to decrease distress and increase resources, and which promote psychological wellbeing and self-actualisation (Mikulincer et al., 2003). Conversely, anxiously and avoidantly attached individuals are likely to regulate their emotions by using strategies which can lead to relationship difficulties and increased feelings of depression and anxiety (Bayley, Slade, & Lashen, 2009; Mikulincer, Florian, & Weller, 1993; Priel & Shamai, 1995; Robert, Gotlib, & Kassel, 1996). Whilst the literature on attachment has demonstrated attachment style differences in affect regulation strategies, the researcher is unaware of any study that has investigated this within the context of partner infidelity. Furthermore, whilst the research on attachment argues that an individual's attachment system is likely to be activated by an attachment figure's abandonment or betrayal (Mikulincer et al., 2003), the researcher is unaware of any study that has examined how an individual copes when this actually occurs. As a result, the current study aimed to fill this gap in the literature by investigating whether attachment-related anxiety and attachment-related avoidance are significant predictors of coping strategies in relation to memories of coping with partner infidelity. The researcher aimed to inform the practice of counselling psychologists as well as other professionals working with individuals coping with a partner's infidelity.

In order to familiarise the reader with attachment theory, the literature review (Chapter 2) begins by describing the context in which this theory first came about within *Historical Background of John Bowlby and Mary Ainsworth*. The next section, *Attachment Theory*, explains the etiological concept of behavioural systems and its application to attachment behaviour. Attachment theory is then described according to its two main components: normative, which describes normal functioning of the attachment system, and individual differences, which explain individual attachment system outcomes. Within the former subsection, the concept of proximity seeking and its role as an attachment affect-regulation

strategy is introduced. Within the latter subsection, individual differences within attachment affect-regulation strategies are described. In *Adult Attachment Theory*, the literature review focuses on the functioning of the attachment system in adulthood. This section gives an account of the first adult attachment research studies and attachment self-report measures. The implications of these findings are then discussed. The subsection *Adult Attachment Styles* reviews literature that suggests that individual differences in expectations, beliefs, and attitudes within relationships are influenced from cumulative relational experiences of attachment figures (e.g., caregivers, close friends, romantic partners). Before critically reviewing research that suggests that these individual differences impact the use of specific coping strategies, the preceding subsection, *Coping*, gives a general account of coping theory and evaluates different forms of coping measures. The following subsection, *Attachment Affect-Regulation Strategies*, demonstrates the attachment system's affect-regulation functioning. Whilst this section refers to the Mikulincer, Shaver, and Pereg (2003) model of the activation and dynamics of the attachment system, also included are additional and more recent attachment findings that support and expand this model's premise, as well as offer alternative perspectives on attachment and coping. The following section, *The Influence of Attachment Strategies on Mental Health and Relationship Satisfaction*, reviews studies that suggest an association between attachment affect-regulation strategies and psychological distress, as well as between attachment coping strategies and relationship functioning. *Activation of the Attachment System* reviews research on relationship-based stressors that activate the attachment system, and it describes the concept of attachment injury, which includes infidelity. The subsequent section, *Infidelity*, describes how infidelity is a form of attachment injury that is expected to activate the attachment system. This section describes the impact and prevalence of infidelity, and it discusses the methodological choices within the infidelity literature. *Gaps in the Literature* reviews the existing literature on attachment, coping, and infidelity and discusses how

attachment in relation to coping with partner infidelity has not been investigated within previous known studies, next the *Application of the Research to Counselling Psychology* will be discussed, before describing the aim of this study in attempting to fill this gap in *Research Aim and Hypotheses*. The researcher critically evaluates the *Epistemological and Methodological Choices of the Current Research Project* and provides a rationale for its chosen methodology. In light of these considerations, the subsequent section reviews the *Methodological Choices of the Current Research Project*. In *Reflexivity*, the researcher discloses her personal interest in this topic based on her awareness of the potential impact of her values on the study. Finally, the literature review concludes by presenting the *Research Aim, Hypotheses, and Null Hypotheses*. The following two chapters describe the research methods (Chapter 3) and results (Chapter 4) of the study. In Chapter 5, the *Results* are summarised and discussed in relation to the literature. This is followed by a discussion of the *Clinical Implications* of the study, a review of the *Limitations and Future Research* recommendations, and the *Strengths of the Study*. Finally, Chapter 5 combines the research aims, methods, and findings together in the *Conclusion*. The study's *References* and *Appendices* are then presented.

Chapter 2: Literature Review

Historical Background of John Bowlby and Mary Ainsworth

John Bowlby, a British psychiatrist and psychoanalyst, is known for considerably altering psychoanalytic ideas through his major contributions to attachment theory. As explained by Mikulincer and Shaver (2007), Bowlby's interest in the concept of attachment stemmed from his experience as a volunteer at a school for maladjusted children, many of whom had been separated from their mothers at a young age. During his time at the school, Bowlby became intrigued by the children's behavioural reactions to their lack of parenting, particularly by the behaviour of two individual children. One was an affection-less and isolated teenage boy, whilst the other child was an anxious 7- to 8-year-old boy who would follow Bowlby around and became known as his shadow (Ainsworth, 1974). Bowlby's experience with the boys' behavioural reactions, now known as avoidant and anxious attachment styles, marked and motivated him to understand the effects of early family relationships on personality development by becoming a child psychiatrist and psychoanalyst.

Mentored by Melanie Klein and psychoanalysed for several years by Klein's colleague, Joan Riviere, Bowlby learned about the importance of a child's early relationship with caregivers. However, whilst Klein argued that psychoanalyses should focus on a child's fantasies about his or her mother, Bowlby instead emphasised the importance of a child's "real experiences" with the caregiver. As a result, Bowlby focused on understanding the personal and societal consequences of a child's early experience with caregivers, particularly the effects of separation from or loss of his or her mother, termed "maternal deprivation". His clinical observations and insights at the Tavistock Clinic in London and his experience of writing a World Health Organisation report on homeless children following World War II steadily gave rise to attachment theory. Later, Bowlby began to integrate the ideas of etilogists and

primatologists by demonstrating that an infant's attachment bond, or reliance on and emotional tie with his/her mother, is due to a relational inherently motivated behavioural system. Along with other books and journals, Bowlby published his major findings in a trilogy titled "Attachment and Loss" (1969/1982; 1973; & 1980).

One of Bowlby's major collaborators was Mary Ainsworth, an American developmental psychologist who had extensive experience with research methods and the theory of familial security during her time at the University of Toronto. Whilst Bowlby's work had major implications on the discipline of psychology, psychiatry, and social science, it is believed that his work would not have been as well received within the scientific literature if it hadn't been for Ainsworth's methodological and theoretical contributions (Mikulincer and Shaver, 2007). Ainsworth's work with Bowlby at the Tavistock Clinic and her mother-infant observations in Uganda, and later in the United States, are considered along with Bowlby's "Attachment and Loss" as "the backbone of all subsequent discussions of attachment processes and individual differences in attachment style" (Mikulincer & Shaver, 2007, p. 9).

Attachment Theory

When infants are born, they are born helpless; their physical, psychological, and emotional needs cannot be met without the help of other humans, and thus their need for others to survive is absolute. Bowlby (1969/1982) demonstrated that due to this need for others at birth, humans are born with an instinctual motivated behavioural system known as the attachment system. A behavioural system is an ethological concept that describes a universal, biologically evolved neural programme that organises set-goal directed behaviour in a way that results in a function that is adaptive to the species. Behavioural systems are characterised as being "activated" by specific "signals" and "deactivated" when the set-goal is achieved. To

improve his understanding of the attachment system, Bowlby also studied other behavioural systems, such as the caregiving, sexual, fear, and exploratory systems. Bowlby argued that systems can be interlinked and that the activation of one system can result in the activation or the deactivation of another system. When describing these behavioural systems, Bowlby distinguishes the “normative” function versus the “individual” outcome of a system. He explains that the normative function of a system is an evolved adaptive consequence experienced by a population, whilst an outcome is a consequence experienced by an individual that may not be adaptive.

Normative function of the attachment system. According to Bowlby’s normative attachment theory (1969/1982), the attachment system governs infants and young children in forming attachment bonds to significant others (also known as attachment figures or primary caregivers) and toward staying close to and protected by caregivers through attachment behaviours known as “proximity seeking”. The set-goal of the attachment system is to achieve a sense of protection or “felt security” (an internal sense of the security-enhancing attachment figure; Sroufe & Waters, 1977) from threats and dangers. Therefore, when the attachment system is activated, proximity-seeking behaviours—such as crying, smiling, and crawling—mutually draw a child’s caregiver and bring the child physically closer. Bowlby proposed that these attachment behaviours serve multiple functions, including survival, reproduction, and ways of coping with threats and regulating distress.

At an evolutionary level, Bowlby (1969/1982) argued that genetic selection favoured those who became attached to a few significant others, particularly during infancy and early childhood, as this increased chances of survival and reproduction. Prehistorically, individuals who were solely dependent on themselves and did not have others to protect them were more

likely to become prey or to be negatively affected by other environmental dangers. He maintained that the attachment system was therefore interlinked and activated by the fear system. Thus, when a young child experiences fear from threats or “natural clues of danger”, such as abrupt noises, isolation from the group, separation from the caregiver, or physical stimuli such as hunger, fatigue, and illness, the attachment system becomes activated. When this happens, the weak, vulnerable infant seeks proximity and protection from the “stronger and wiser” attachment figure (Bowlby, 1973). At an emotional and psychological level, proximity seeking is regarded as an inborn affect-regulation strategy (Bowlby, 1969/1982). When the attachment figure is emotionally sensitive and responsive to the child’s proximity-seeking signals, he or she can engage in what is now referred to as “contingent communication”. According to interpersonal neurobiological research, this type of communication involves the mind of the child and caregiver to become aligned through attuned, nonverbal interaction, during which the caregiver’s brain influences or co-regulates the brain of the child, enabling the caregiver to increase the child’s positive emotional states and regulate the negative states (Siegel, 2012). In addition, Bowlby (1969/1982) proposed that the attachment system is interlinked with the exploratory system. When a young child experiences natural clues of danger, his/her attachment and fear systems are activated and the exploratory system is deactivated. The child therefore stops exploring and seeks proximity to the caregiver. Once proximity is established and the caregiver decreases the child’s fear and anxiety, the child’s attachment and fear systems are deactivated. Deactivation of these systems allows the exploratory system to become reactivated so that the child is able to return to pursuing important exploratory tasks. Ainsworth (1973) extended this finding by demonstrating that the child’s attachment system allows a child to achieve a sense of security or “secure base”. This secure base encourages a child to explore his/her environment, problem solve, and engage with other people. Thus, when an attachment figure is sensitive and

responsive to the child's proximity-seeking signals, this intrinsic combination between the attachment, fear, and exploratory systems provides a favourable circumstance for the child to maintain a safe distance from the caregiver and to achieve a sense of security and a reduction of fear, anxiety, and distress. Consequently, the child is able to participate in other tasks and goals, which lead to the development of important cognitive and social skills (Ainsworth & Wittig, 1969).

As well as being activated by natural clues of danger, Bowlby (1973) claimed that the attachment system is also activated by the threat of possible or actual loss or separation from an attachment figure. When studying the effects of attachment figure separation on infants, Bowlby (1980) discovered that infants display a nearly universal series of behavioural and emotional responses that he referred to as protest, despair, and detachment. At first, the infant is likely to become intensely anxious and protest through crying, attempting to escape, and searching for the caregiver. When this behaviour eventually ceases, the infant expresses despair, during which he/she withdraws, can become hostile, and appears to be mourning the loss of the attachment figure. Lastly, the infant enters a phase of detachment during which he/she fully or partially returns to socialising and begins to accept the care of other adults. However, when the infant is reunited with the caregiver, he/she will typically act detachedly toward that person and, at times, may sporadically cling to him or her.

The research of Ainsworth, Blehar, Waters, and Wall (1978), however, refined attachment theory by demonstrating that it is not solely the young child's physical separation from the attachment figure that triggers the attachment system's behaviour, but also his/her appraisal of the caregiver's absence. This appraisal process is influenced by a set of mental representations, or internal working models (Fraiberg, 1943), which are formed over time from

the relational experience with attachment figures. Bowlby claimed (1969/1982) that whilst humans are born with behavioural systems that result in adaptive functions, an individual's environment during the course of his/her development may result in the behavioural system adjusting to the particular environment in order to attain the set-goal. Thus, whilst most humans have an innate attachment system, a child's cumulative experience of the caregiver's accessibility, sensitivity, and responsiveness determines how the child responds and, if necessary, adjusts behaviour to these interactions in order to attain a sense of protection or felt security. The security of the bond between child and caregiver therefore determines whether the child uses primary attachment strategies to regulate distress, or whether he/she uses adjusted secondary attachment strategies. These strategies, in turn, impact the child's psychological adjustment and coping resilience (Bowlby 1973; 1980; 1988). Consequently, as well as describing the normative features of the attachment system, attachment theory also describes individual differences of the attachment system.

Individual differences of the attachment system. Whilst almost all children become attached to their caregivers (Cassidy, 1999), a caregiver's accessibility, sensitivity and responsiveness to a child's proximity-seeking signals or "bids" during times of need determines whether the child becomes "securely" or "insecurely" attached. Bowlby (1966/1982) therefore argued that the quality of a caregiver's responses is the main contributor to individual differences of the attachment system, particularly in terms of the use of primary or secondary attachment strategies to regulate distress.

Primary and secondary attachment strategies. Optimal functioning of the attachment system occurs when young children repeatedly experience their caregiver as sensitive to their attachment needs and responsive to their bids for proximity. When the

caregiver responds to a child's proximity-seeking bids, the attachment system's set-goal is attained; the child is able to achieve a reduction of distress and a sense of felt security. These experiences encourage secure attachment and result in the child forming a working model of others as caring and responsive, and the self as competent, loveable, and capable of behaving in an effective goal-directed way (Ainsworth et al., 1978). Moreover, it leads the child to develop beliefs that proximity seeking is a reliable strategy to regulate emotions (Bowlby, 1973, 1988). Thus, in relation to using proximity seeking as a primary affect-regulation strategy, a securely attached child is likely to form the following beliefs: "If I ask for help, Mom will help me"; "If I let Dad know that I'm scared, he will help me feel better" (Wei, Heppner, & Mallinckrodt, 2003, p. 438). Once a reduction of distress and felt security is achieved through this primary attachment strategy, a securely attached child's external and internal secure base encourages him/her to explore and learn about the environment, problem solve within new situations, engage with other people, and seek help. As a result, securely attached children are likely to approach problems in a more enthusiastic and positive way and are less likely to become frustrated by these difficulties (Ainsworth et al., 1978; Sroufe & Waters, 1977).

Conversely, when children repeatedly experience their caregiver as insensitive to their attachment needs and rejecting or inconsistently unresponsive to their bids for proximity, the behavioural system is forced to adjust in an attempt to attain its set-goal of distress reduction and felt security. As a result, the attachment system does not rely on proximity seeking as a primary affect-regulation strategy, but instead develops and employs secondary affect-regulation strategies that are associated with ineffective coping (Bowlby, 1973, 1988). These experiences result in an insecure attachment and the development of a negative working model of others as unreliable, and the self as ineffective, unworthy, flawed, and unlovable (Ainsworth

et al., 1978). In addition, through relying on secondary affect-regulation strategies, the child is less likely to attain sufficient felt security. Instead, the child's initial distress can become compounded from concerns over his/her caregiver's availability and the ability to achieve felt security. When this occurs, the attachment system remains partially or fully activated, and other behavioural systems remain deactivated. An insecurely attached child is therefore less likely to explore his/her environment and develop new ways to overcome challenges. Consequently, when faced with a challenge, insecurely attached children are likely to show notably poorer adaptation and are more likely to express negative emotions, have a temper tantrum, and give up (Sroufe & Waters, 1977).

Attachment styles and affect-regulation strategies. As well as demonstrating the differences in the appraisal process between securely and insecurely attached children, the research of Ainsworth et al. (1978) led to the identification of three classifications of child attachment behaviour. These classifications include one secure attachment style and two insecure attachment styles: avoidant, resistant/ambivalent. Main & Solomon (1986) later contributed an additional insecure attachment style known as disorganised/disorientated.

Inspired by her work at the Tavistock Clinic and based on her observations of mothers and infants in Uganda, Ainsworth et al. (1978) developed a laboratory assessment procedure that observes attachment relationships between a young child and caregiver, and is known as the "Strange Situation". In this procedure, a child and mother are brought into a laboratory playroom where the child is left to explore the room and play with toys. During this time, the caregiver and a stranger periodically enter and leave the room over eight different episodes, each varying in the level of stressfulness. The child's emotional and behavioural reactions to these episodes are then observed and coded.

In this procedure, Ainsworth et al. (1978) and Main & Solomon (1986; 1990) noticed specific patterns of children's attachment system activation and behaviour. In particular, Main & Solomon (1990) identified two forms of secondary attachment strategies, including "hyperactivation" and "deactivation" of the attachment system. Furthermore, Main & Solomon (1986; 1990) discovered that patterns of attachment system activation and behaviour were associated with the caregiver's level of sensitivity and responsiveness toward their child's bids for proximity. Securely attached children, upon reuniting with their mother after their temporary absence, appeared to have an activated attachment system as they sought proximity to their caregiver. However, once their distress was alleviated through the use of the primary attachment strategy, they returned to play. These children most often had an attachment figure who was sensitive and responsive to the child's proximity-seeking signals. Alternatively, children in the resistant/ambivalent group appeared to have a hyperactivated attachment system, which resulted in the child protesting his/her frustrated attachment needs in an attempt to gain the caregiver's attention and support. These children became distressed even before their attachment figure left the room, and their proximity-seeking behaviour did not cease when they regained contact with the parent. These children were highly anxious, had difficulty being soothed, and did not easily return to play. The attachment figures of children in this category were observed to be inconsistently responsive to the child's bids for proximity. Conversely, avoidantly attached children appeared to "deactivate" their attentional and representational state, which resulted in their suppressing attachment needs and proximity-seeking behaviour in an attempt to manage the threat on their own. They did not cry when their caregiver left, and upon reunion, they actively ignored and avoided the caregiver, and instead focused on toys or the environment. The parents of these children were characterised as unavailable, imperceptive, unresponsive, and rejecting. Lastly, children in the disorganised/disorientated group seemed to

be disorientated upon their parents' return, freezing, turning in circles, approaching their caregiver and then recoiling or even falling on the floor. These children most often had parents who displayed disorientated, frightening, or frightened communication to their infants. Other research has found that this attachment style is often the result of parental neglect or abuse (Carlson, Cicchetti, Bartnett, & Braunwald, 1989). For the disorganised/disorientated-attached children, the attachment figure appears to be both the source of and solution to their distress, thus undermining the whole attachment behavioural system (Main & Hesse, 1990).

In summary, attachment theory postulates that human infants have an inherently motivated behavioural system that drives them to form attachments to their caregivers. Amongst other functions, this serves as an affect-regulation strategy (Bowlby, 1969). Whilst all human beings have the innate motive to become attached, a child's appraisal of his/her caregiver's availability determines whether the child becomes securely or insecurely attached (Ainsworth et al., 1978). Securely attached children hold working models that their caregiver will be available for their needs and that they are capable of effectively achieving their attachment goals. Thus, activation of the attachment system amongst securely attached children leads to affect-regulation through primary proximity-seeking strategies that are associated with effective coping. Once the caregiver effectively co-regulates the child's emotions, providing him/her with a sense of security, the child is able to return to non-attachment behaviour, such as exploration (Sroufe & Waters, 1977; Ainsworth, 1974; Ainsworth et al., 1978; Bowlby, 1973, 1988). Alternatively, if the attachment figure is not seen to provide these qualities, the child is likely to form an insecurely attached working model and develop secondary hyperactivating or deactivating strategies that adjust to these interactions, and which are associated with ineffective coping. Resistant/ambivalently attached children develop working models in which their caregiver may or may not respond to their bids for proximity seeking.

These children therefore attempt to regulate their emotions through relying on secondary hyper-activating strategies that involve hyper-vigilance to threat-related cues, and hyper-support-seeking behaviour that may or may not lead to attachment figure responsiveness (Bowlby, 1973, 1988; Ainsworth et al., 1978; Sroufe & Waters, 1977). Conversely, avoidantly attached children develop working models that their caregivers will reject their proximity-seeking bids and will not provide them with comfort when they are distressed. As a result, they regulate their emotions by relying on secondary deactivating strategies, including avoidance and distancing. Finally, it is argued that appraisal of caregiver behaviour by disorganised/disorientated attached children leads to a collapse of the attachment behavioural system. As a result, children with this attachment style sporadically alternate between hyper-activating and deactivating affect-regulation strategies (Main & Solomon, 1986; 1990).

Adult Attachment Theory

Whilst Bowlby's research mainly focused on the role and impact of the attachment system on infants and young children, he nevertheless assumed that this biological system continues to influence an individual for the duration of life, "from cradle to the grave" (p. 129), including proximity-seeking behaviours in response to a threat or danger (Bowlby, 1979). Counselling psychologists working with adults, adolescents, or children are therefore likely to benefit from understanding the emotion regulation strategies associated with the attachment system as this could help them to understand why a client may cope with stressors in certain ways and how their attachment history may have determined their use of these strategies. Hazan and Shaver (1987) were among the first researchers to explore whether the attachment system continues to function within adulthood, specifically within the context of romantic relationships, by creating the first self-report measure of adult attachment styles. Through referring to the Bowlby (1969/1982, 1973, 1980) theories of attachment and the Ainsworth et

al. (1978) typology of infant attachment styles (secure, resistant/ambivalent, and avoidant), Hazan and Shaver (1987) created three type-descriptions that corresponded to these differences in individuals' thoughts, emotions, and behaviours. These corresponding adult attachment styles are respectively called secure, preoccupied, and dismissive-avoidant. Bartholomew and Horowitz (1991) later included a fourth attachment style, fearful-avoidant, which corresponds with Main & Solomon's (1986) disorganised/disorientated style. Hazan and Shaver (1987) observed attachment differences within romantic relationships for each of the attachment styles and noticed parallels between infant-caregiver relationships and adult romantic partner relationships, such as feelings of safety when the significant other is near and responsive, and feelings of insecurity when the significant other is not accessible. In addition, they found that the quality of an individual's relationship with his/her parent was a significant predictor of his/her adult attachment style. Furthermore, they discovered that an individual's working model of self and of relationships was related to his/her attachment style. Based on these common dynamics, the researchers argued that the attachment system continues to influence an individual in adulthood and that romantic love is an attachment process.

Measurement of adult attachment styles. The development of a typological conceptualisation allowed researchers for the first time to study the link between adult attachment styles and relationship functioning. However, Hazan and Shaver's (1987) categorical measure limits the type of hypotheses that can be tested, as typological measures lack precision (Fraley & Waller, 1998). In response to this limitation, Brennan, Clark, & Shaver (1998) attempted to improve the measurement of adult attachment by conducting a large-sample factor analytic study that included all known attachment self-report measures in one analysis. Brennan et al. (1998) argue against the existence of a true attachment typology and instead suggest that it is more accurate to conceptualise adult attachment styles as two

continuous orthogonal dimensions of attachment “anxiety” and attachment “avoidance”. For this reason, the current study conceptualised adult attachment according to regions within this two-dimensional space by using the Fraley, Waller, & Brennan (2000) *Experience in Close Relationships Revised (ECR-R)* self-report attachment measure. The anxiety dimension reflects the degree to which an individual worries about being abandoned or rejected by his/her partner, whilst the avoidance dimension assesses how comfortable an individual feels with being close in his/her relationship. As shown in Figure 1, these dimensions of anxiety and avoidance can be combined to form four regions that represent the four original styles of adult attachment: secure, preoccupied, dismissive-avoidant, and fearful-avoidant (Bartholomew & Horowitz, 1991; Hazan and Shaver, 1987). However, adult attachment research that conceptualises attachment as two continuous dimensions tends to refer to people as being securely, anxiously, avoidantly, or fearfully attached or as having a secure, anxious, avoidant, or fearful attachment style. Whilst this terminology may appear to suggest that the attachment style is a discrete type, these styles instead refer to the regions in the two-dimensional space within which individuals are continuously distributed (Fraley et al., 2000).

Figure 2.1 The Two-Dimensional Model of Individual Differences in Adult Attachment

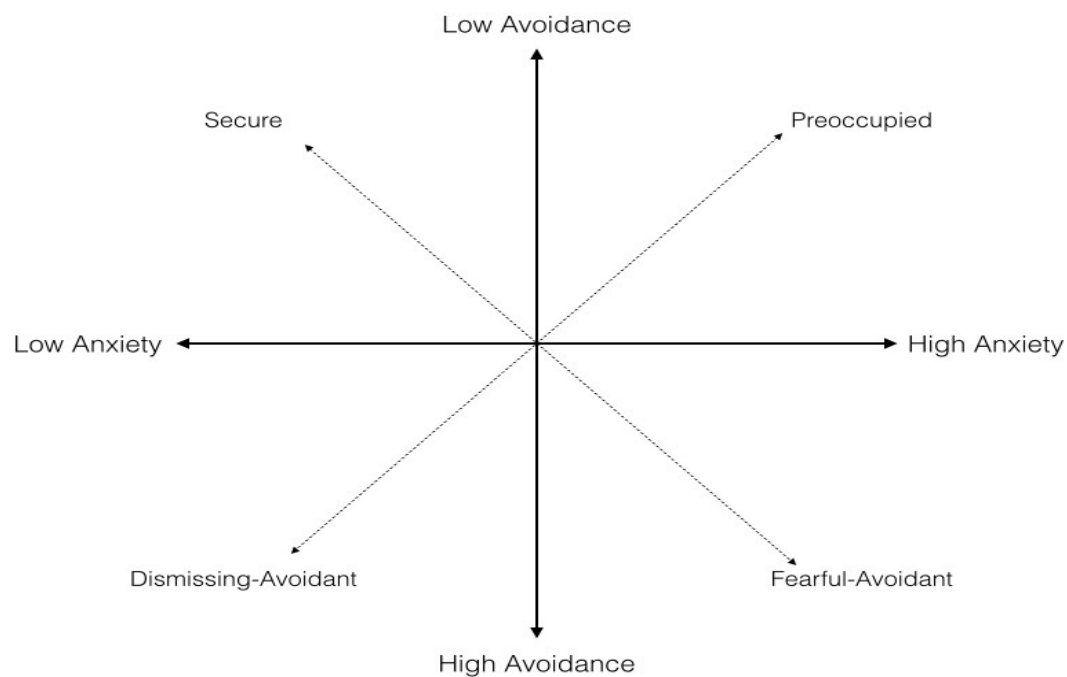


Figure 2.1 Model representing the two continuous dimensions of attachment anxiety and avoidance amongst adults. Adapted from “Attachment styles among young adults: A test of a four-category model” by K. Bartholomew, and L. M. Horowitz, 1991, *Journal of Personality and Social Psychology*, p. 239. Copyright 1991 by the American Psychological Association.

Implications of adult attachment findings. The Hazan and Shaver (1987) study had major implications on the study of close relationships. Firstly, it suggests that an individual's experiences with primary caregivers and other attachment figures (e.g., close friends and romantic partners) are stored as part of inner working models. Secondly, it indicates that the attachment patterns observed amongst infants should also be observed amongst adults, and thirdly it suggests that the functioning of the attachment system should continue to influence an individual as an adult and therefore determine how an individual regulates his/her emotions in response to a threat or fear, also called a stressor. The next section reviews research regarding the first two of these implications. Studies regarding the third implication are then discussed, after the literature on coping processes is reviewed.

Adult attachment styles. According to adult attachment theory, an individual's cumulative experience of the sensitivity and receptiveness of attachment figures (e.g., caregivers, close friends, romantic partners) is stored as part of his/her inner working models. These working models influence an individual's overall expectations, beliefs, and attitudes about attachment figures and relationship experiences. They guide how an individual interprets and regulates emotional experiences, as well as how he/she thinks, feels, and behaves with attachment figures, particularly when distressed (Collins, Guichard, Ford, & Feeney, 2004; Fraley & Shaver, 2000). Longitudinal studies have shown that infant attachment is a significant predictor of later adult attachment. However, the experience of negative life events—such as the loss of parent, parental divorce, and physical or sexual abuse—can alter attachment classification (Hamilton, 2000; Waters, Merrick, Treboux, Crowell, Albersheim, 2000).

Securely attached individuals are characterised as scoring relatively low on both the anxiety and avoidance dimensions of attachment (Fraley & Shaver, 2000). These individuals

are likely to have a positive working model of themselves and close others, and therefore tend to feel comfortable being close and intimate with their partner, and they do not worry about being left or abandoned (Bartholomew and Horowitz, 1991). Like securely attached children, securely attached adults have cumulative experience of receptive and caring attachment figures that results in their developing an internalised felt security, which researchers suggest provides a sense of strength and resilience (Mikulincer, Shaver, & Pereg, 2003). Securely attached individuals agree with statements such as “I rarely worry about my partner leaving me”, “It helps to turn to my romantic partner in times of need”, and “I am very comfortable being close to romantic partners” (Fraley et al., 2000).

Anxiously attached individuals score relatively high on the anxiety dimension (Fraley & Shaver, 2000). Due to their cumulative experience of receiving unpredictable care from attachment figures, these individuals are likely to perceive themselves as unworthy of love and affection, as they blame themselves for the type of care they have received (Bartholomew & Horowitz, 1991). As stated by Bowlby (1973), these individuals “have no confidence that [attachment figures] will ever be truly available and dependable. Through their eyes the world is seen as comfortless and unpredictable” (p. 208). Anxiously attached individuals are consequently characterised as having concerns about being rejected and abandoned. However, as anxiously attached individuals tend not to have experienced consistently rejecting attachment figures, and as they blame themselves for the inconsistent care that they have received, they are likely to maintain hope (albeit with apprehension) that their attachment figures will be receptive and supportive. As a result, anxiously attached individuals are characterised as holding a negative working model of themselves and a positive working model of others (Bartholomew and Horowitz, 1991; Cassidy & Berlin, 1994; Hazan & Shaver, 1987). Moreover, due to their inconsistent attachment history, anxiously attached individuals are

likely to have a deficient level of felt security and therefore aim to increase their sense of security. Consequently, they have a strong need for closeness, which may result in their smothering or scaring partners away (Mikulincer, 1998). Anxiously attached individuals tend to endorse items such as “I’m afraid that I will lose my partner’s love”, “I often worry that my partner will not want to stay with me”, and “I’m afraid that once a romantic partner gets to know me, he or she won’t like who I really am” (Fraley et al., 2000). Despite the literature suggesting that anxiously attached individuals are highly fearful of losing their partner, the researcher is unaware of any study which has investigated how these individuals cope when this occurs in the case of partner infidelity.

Avoidantly attached individuals score relatively high on the avoidance dimension (Fraley et al., 2000). Due to their previous experience of rejecting attachment figures, these individuals hold little hope of receiving the care and support of others (Crittenden & Ainsworth, 1989). They therefore tend to downplay the importance of attachment security, suppress their need for attachment figures in order to maintain their self-esteem (Simpson & Rholes, 1994), and attempt to deal with stressors on their own, a strategy referred to as “compulsive self-reliance” (Bowlby, 1969/1982). Avoidantly attached individuals therefore tend to feel uncomfortable with being close or dependent on their partner, and they strive to maintain emotional and psychological distance, autonomy, and control in their relationships (Mikulincer, 1998). As a result, they are characterised as having a positive working model of themselves and a negative model of others (Bartholomew and Horowitz, 1991). Avoidantly attached individuals are likely to agree with statements such as “I rarely worry about my partner leaving me”, “I prefer not to show a partner how I feel deep down”, and “I find it difficult to allow myself to depend on romantic partners” (Fraley et al., 2000).

Finally, fearfully attached individuals score relatively high on avoidance and anxiety dimensions (Fraley et al., 2000). Due to their experience of disorientated, frightening, and often abusive attachment figures (Liem & Boudewyn, 1999), these individuals are likely to have feelings of low self-worth, and they find it difficult to trust and become close to others. Although fearfully attached individuals may at times desire intimacy and closeness with their attachment figures, they also fear this. As a result, they tend to have a negative working model of themselves and of others (Bartholomew and Horowitz, 1991). Fearfully attached individuals are likely to endorse items such as “I am nervous when partners get too close to me” and “I often worry that my partner will not want to stay with me” (Fraley et al., 2000).

Coping

Studies on adult attachment argue that there is a significant relationship between attachment security/insecurity and coping strategies (e.g., Feeney, 1998; Mikulincer & Florian, 1998; Mikulincer, Florian, & Weller, 1993; Ognibene & Collins, 1998). As discussed, Bowlby (1973, 1988) demonstrated that when children form secure attachments with their caregivers, they are able to develop primary attachment strategies that help them regulate their emotions and effectively cope with distress. Before however discussing the association between attachment and coping, this section will first define coping and evaluate different forms of coping measures.

Coping is defined as “the cognitive and behavioural efforts to manage specific external and/or internal demands appraised as taxing or exceeding the resources of the individual” (Folkman & Lazarus, 1988, p.2). Within the literature, many attempts have been made to conceptualise coping dimensions.

The Miller Behavioural Style Scale (MBSS) (Miller, 1987) focuses on attentional style. This measure assesses whether an individual “monitors” a threat, as by vigilantly attending to and searching for information regarding the threat, or whether the individual uses “blunting”, which involves distracting attention away from and avoiding information about the threat. Whilst the diagnostic value of the MBSS has been confirmed (Miller, Combs, & Kruus, 1993), its main limitation is that it only measures responses to stressors that elicit anxiety. Stressors that are appraised as a loss, harm, or challenge can not be validly measured with this instrument (Zeidner & Endler, 1996).

An alternative coping instrument is the Folkman and Lazarus (1980) Ways of Coping Checklist (WCC). Based on their transactional phenomenological stress theory, the WCC assesses two main forms of coping: problem-focused and emotion-focused. Lazarus and Folkman (1984) define problem-focused coping as “problem-focused efforts...directed at defining the problem, generating alternative solutions, weighting the alternatives in terms of their costs and benefits, choosing among them, and acting” (p. 152). As well as focusing on strategies directed toward the environment, this form of coping also involves strategies that are directed inward. Emotion-focused coping is defined as “coping that is directed at regulating emotional response to the problem” (p. 150). The authors point out that emotion-focused coping includes a “wide range” of coping processes. These processes include cognitive strategies ranging from efforts aimed at decreasing the emotional distress (such as through distancing) to increasing emotional distress (such as through engaging in self-blame and self-punishment) to focusing on reappraising one’s perception of the problem. Emotion-focused coping also includes behavioural strategies such as meditating, drinking, and engaging in physical exercise. As emotion-focused coping includes such a wide-range of cognitive and

behavioural strategies, it is argued that the WCC's two subscales do not capture the complexity of coping processes (Zeidner & Endler, 1996).

In response to this limitation, Folkman, Lazarus, Gruen, and Delongis (1986) generated a revised version of the instrument known as the Ways of Coping Questionnaire (WOC). The WOC differentiates eight different forms of coping that measure the thoughts and behaviours that an individual employs when coping with a specific stressful incident. Unlike their previous measure, the WOC does not categorise these coping strategies as emotion-focused or problem-focused (Zeidner & Endler, 1996). Rather, the current study focuses on eight different forms of coping strategies. These forms of coping include confrontive coping, distancing, self-controlling, seeking social support, accepting responsibility, escape-avoidance, planful problem solving, and positive reappraisal. Confrontive coping describes aggressive forms of behaviour aimed at changing the situation. Distancing describes attempts to cognitively detach from and minimise the importance of the stressor. Self-controlling represents attempts to control emotions and behaviours, such as keeping feelings to oneself and not acting hastily. Seeking social support comprises efforts to seek tangible, informational, and emotional support. Accepting responsibility describes the individual's acknowledgement of his/her role in the problem, as well as apologising or doing something to compensate for it. Escape avoidance represents behaviours and wishful thinking aimed at escaping or avoiding the problem. This strategy contrasts with distancing that describes detachment. Planful problem solving describes active behaviours aimed at changing the situation and analytic efforts to solve the problem. Lastly, positive reappraisals are attempts to focus on creating positive meaning through personal growth. This strategy can also involve turning to religious faith.

A difficulty with the WOC is that results change from stressor to stressor, which indicates that the instrument measures coping processes rather than coping traits, which are stable personal characteristics (Parker & Endler, 1992). Indeed, Folkman and Lazarus (1988) argue that measuring coping processes is a more accurate way of assessing coping. They maintain that measures of coping traits (e.g., Byrne, 1964; Gleser & Ihilevich, 1969) underestimate the multidimensional and variable aspects of coping processes. Moreover, they explain that coping traits only modestly predict coping processes. Thus, an individual's coping process may differ according to the specific stressor (Cohen & Lazarus, 1973; Kaloupek, White, & Wong, 1984). Whilst studies on general coping processes are informative, this limitation highlights the importance of measuring coping processes across various situations and stressors.

Attachment Affect-Regulation Strategies

To demonstrate the theory of attachment affect-regulation strategies, we refer to the Mikulincer et al. (2003) model of the activation and dynamics of the attachment system, illustrated in Figure 1.2. This model integrates the attachment research literature with the theories of Bowlby (1969/1982, 1973, 1980), Ainsworth (1991), Cassidy and Kobak (1988), and Main (1995). This section also includes additional and more recent attachment findings when evaluating this model. Some of these findings support and expand this model's premise, whilst other findings offer alternative perspectives on attachment and coping.

Although attachment theory has identified four attachment styles, the attachment literature on coping mainly focuses on secure, anxious, and avoidant attachment. Most of these studies do not provide a rationale for this exclusion. Mikulincer and Shaver (2007), however, do explain that whilst they conceptualise hyperactivation and deactivation of the attachment

system as separate affect-regulation strategies, corresponding to anxious and avoidant attachment respectively, they acknowledge that fearfully attached individuals may alternate between both of them.

Figure 2.2 Model of the Activation and Dynamics of the Attachment System

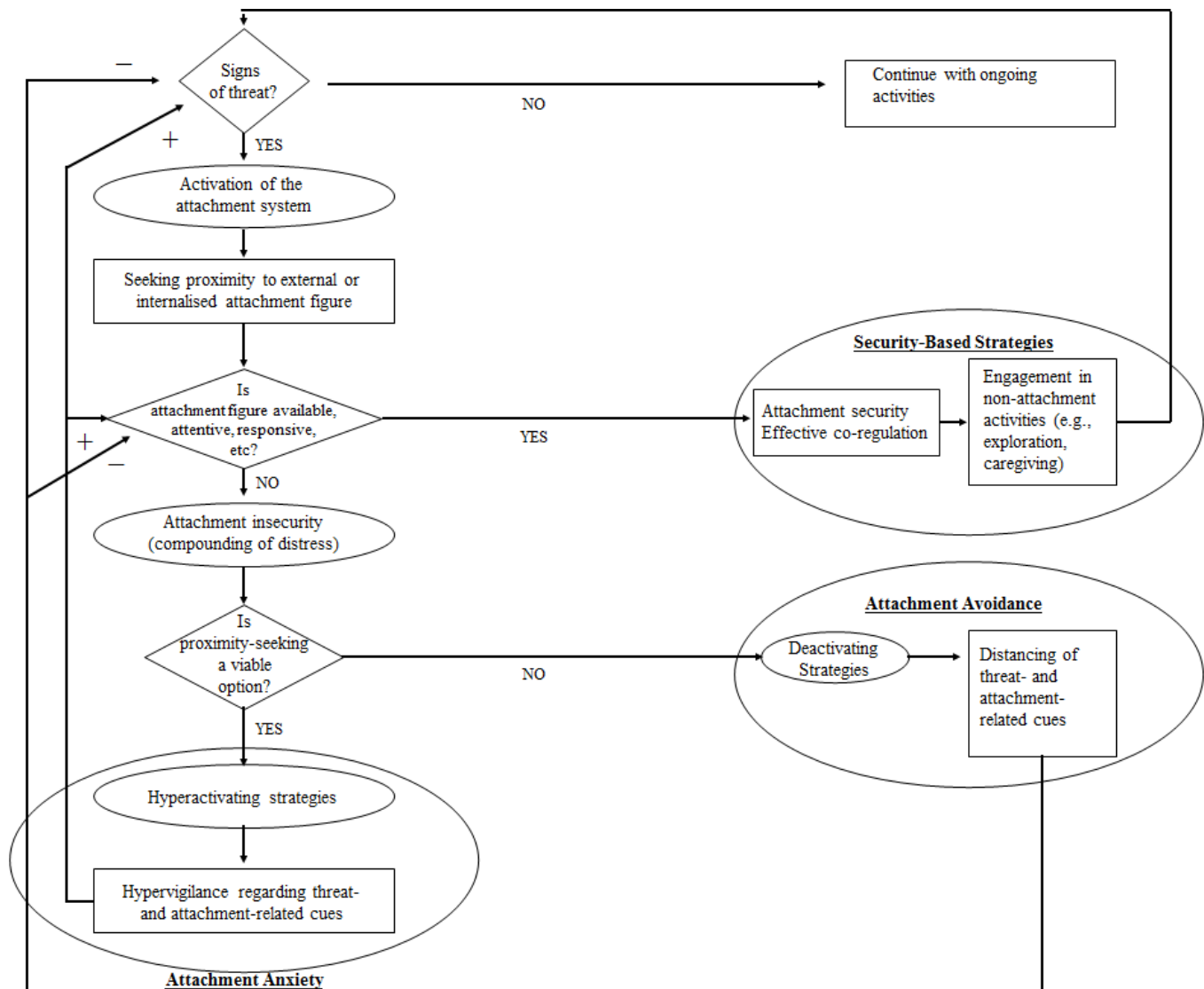


Figure 2.2 Integrative model of the activation and dynamics of the attachment system. Adapted from “Attachment Theory and Affect Regulation: The Dynamics, Development, and Cognitive Consequences of Attachment-Related Strategies” by M. Mikulincer, P.R. Shaver, and D. Pereg, 2003, *Motivation and Emotion*, 37, p. 81. Copyright 2003 by Plenum Publishing Corporation.

Activation of the attachment system and primary attachment strategy. The model of the activation and dynamics of the attachment system in Figure 1.2 consists of three main

parts. The first part includes the surveillance and appraisal of clues to danger or threats. When an individual becomes aware of a potential or actual psychological or physical threat, this component activates the attachment system. Accordingly, the primary attachment coping strategy, proximity seeking, is activated. Thus, upon perceiving a threat, an individual will seek proximity to significant others or internalised representations of attachment figures. The model proposes that whilst no individual, regardless of age, is devoid of the need to turn to others, as an individual ages and develops, he/she is more likely to turn to internalised rather than external attachment figures.

The second part of the model entails the surveillance and appraisal of external or internal attachment figures. This component involves the individual's cognitively appraising whether his/her attachment figure is literally or symbolically attentive and responsive, and therefore differentiates the development of primary security-based coping strategies (also referred to as primary strategies) versus secondary attachment coping strategies (also referred to as secondary strategies). If the individual appraises the attachment figure as available, then he/she achieves a sense of attachment security and employs primary strategies of affect regulation. This is most characteristic of securely attached individuals.

Primary security-based coping strategies. According to this model, securely attached adults in most cases will only need to rely on their internalised attachment-related resources when coping with a distressing situation. However, when these resources are insufficient, securely attached individuals will be prepared to seek support from external attachment figures. The finding that securely attached individuals are likely to use support seeking as primary strategy when coping with a stressor has been widely supported within the adult attachment literature. Florian, Mikulincer, and Bucholtz (1995) conducted a study in which 150

undergraduate students completed self-report measures on their attachment style, their appraisal of available support from significant others, including parents, a close friend, and a romantic partner, and the extent to which they sought this support. This study found that securely attached participants perceived higher levels of the availability of these figures and reported seeking more instrumental and emotional support than their insecure counterparts. Other research, including a 7-year longitudinal study, have similarly found that securely attached individuals are more likely to seek support from professional figures including academic mentors, counsellors, and teachers (Larose, Bernier, Souey, & Duchesne, 1999; Seiffge-Krenke & Beyers, 2005).

Whilst not depicted within this model, secure attachment is also associated with the use of problem-focused coping, or efforts aimed at changing the situation that is causing the stress (Mikulincer & Florian, 1995; Mikulincer, Florian, & Weller, 1993; Lussier, Sabourin, & Turgeon, 1997)

Primary strategies decrease distress, increase felt security, and improve psychological adjustment through the use of effective, flexible, and reality-attuned coping mechanisms. These strategies improve an individual's sense of psychological well-being in the moment, as well as "build" an individual's resources for preserving mental health and "broaden" their outlook and ability (Fredrickson, 2001).

Primary strategies consist of working models regarding the self, their affect regulation capacities, and others. Due to their experience of attentive and receptive attachment figures, individuals with secure working models hold optimistic attitudes regarding their ability to manage threatening situations (Mikulincer & Florian, 1998; Mikulincer et al., 1993), view

themselves as capable of coping with difficult and stressful events (Rice, Cunningham, & Young, 1997; Shorey, Snyder, Yang, & Lewin, 2003), and view others as trustworthy and well intentioned (Shaver & Hazan, 1993).

Furthermore, the model explains that through their repeated experience of achieving comfort, protection, and decreased distress from proximity-seeking behaviours, securely attached individuals have working models that consist of a specific relational set of rules or “secure-base script” (Waters, Rodrigues, & Ridgeway, 1998; Waters & Waters, 2006). This script includes three main coping strategies, including acknowledgement and expression of distress, support seeking, and the use of instrumental problem solving; e.g., “If I encounter an obstacle and/or become distressed, then I can approach a significant other for help, he or she is likely to be available and supportive, I will experience relief and comfort as a result of proximity to this person, and I can then return to other activities” (Mikulincer, Florian, Cowan, & Cowan, 2002, p. 406). The Mikulincer et al. (2003) model proposes that within this “secure-base script”, the individual first employs “emotion-focused coping” (Lazarus & Folkman, 1984) by acknowledging and expressing his/her feelings and seeking emotional support. This enables individuals to down-regulate their distress so that they are able to effectively employ “problem-focused” coping (Lazarus & Folkman, 1984) through support seeking and problem solving. Thus, securely attached individuals have learned that, when faced with a distressing situation, they are able to elicit the support of attachment figures by recognising and displaying their feelings (Fuendeling, 1998). Additionally, they have learned that through their own behaviours, they are able to decrease their distress and remove obstacles (Mikulincer & Florian, 1998). Finally, their experience of attaining comfort and distress relief from supportive attachment figures confirms that proximity seeking is an effective affect-regulation strategy (Mikulincer et al., 2003).

Epstein and Meier (1989) refer to these types of affect-regulation strategies as constructive ways of coping. These include active efforts to remove the origin of distress, manage the incident, and restore emotional and psychological stability without negative consequences. Research demonstrates that secure attachment is related to less anxiety, depression, and anger (Lopez & Brennan, 2000). According to the Mikulincer et al. (2003) model, when a sense of security and distress relief is achieved through effective methods of coping, behavioural systems that are inhibited during attachment insecurity are reactivated, such as exploration, caregiving, and affiliation (Bowlby, 1982/1969). Individuals are therefore able to refocus their attention and resources to activities that promote exploration of new stimuli and environments, as well as the development of skills, and relationships. Furthermore, with their external and internal sense of security, they are more inclined to take risks and engage in autonomous activities that foster independence. All these qualities allow for romantic relationships that are relatively happier and better functioning (Feeney, 2008). Thus, when a securely attached individual appraises proximity seeking as a viable affect-regulation strategy upon encountering a threat, this primary strategy encourages constructive ways of coping that not only decrease distress but also promote psychological well-being, self-actualisation, and more fulfilling romantic relationships (Mikulincer et al., 2003).

Alternately, if an individual cognitively appraises his/her attachment figure as not being available, whether literally or symbolically, then the individual experiences a sense of attachment insecurity that compounds the distress and results in the use of secondary attachment strategies (Mikulincer et al., 2003).

Secondary attachment coping strategies. In the third part of the model, the sense of insecurity that arises from an appraisal of an unavailable internalised or actual attachment figure compels the individual to make a conscious and/or unconscious decision regarding the viability of proximity seeking as a strategy to cope with the distress (Shaver & Mikulincer, 2002). The result of this decision differentiates the use of secondary deactivating coping strategies (also referred to as deactivating strategies) versus secondary hyperactivating coping strategies (also referred to as hyperactivating strategies) (Mikulincer et al., 2003).

Secondary hyperactivating coping strategies. According to the Mikulincer et al. (2003) model, if the individual assesses proximity seeking as a viable option, he/she is likely to employ hyperactivating strategies of affect regulation or “emotion-focused” coping (Lazarus & Folkman, 1984). This is most characteristic of anxiously attached individuals.

Hyperactivating strategies can involve active, intense attempts to achieve proximity, love, attention, and support from an attachment figure. Until they achieve this proximity and the consequential security from their attachment figure, the individual will continually and vigilantly assess whether the attachment figure is available (Cassidy and Kobak, 1988). Due to their experience of inconsistently available attachment figures, anxiously attached individuals hold working models of themselves as helpless and incapable of regulating their distress (Mikulincer & Florian, 1998) and representations of their attachment figure as a source of protection (Shaver & Hazan, 1993). As a result, hyperactivating strategies involve the individual insistently attempting to elicit the support of his/her attachment figures through exaggerating the acuteness of his/her distress, through clinging and controlling behaviours, and through attempting to maintain psychological and physical closeness to them (Feeney & Noller, 1990; Mikulincer & Shaver, 2003; Shaver and Hazan, 1993). Moreover, due to anxiously

attached individuals' negative views of the self and heightened fear of being rejected and abandoned, hyperactivating strategies promote exaggerated vigilance to signs of relational threats, including indications of a partner's reproach, decreased attraction, or immanent abandonment (Batholomew and Horowitz, 1991; Mikulincer, 1995; Mikulincer and Florian, 1998). Researchers have found that even in the presence of no external threat, anxiously attached individuals have activated representations of attachment figures and attachment-related worries (Mikulincer, Birnbaum, Woddis, & Nachmias, 2000; Mikulincer, Gillath, & Shaver, 2002).

Although the Mikulincer et al. (2003) model and additional studies (e.g., Shaver, Schachner, & Mikulincer, 2005) argue that anxiously attached individuals use a relatively high level of support seeking as a hyperactivating strategy, other studies have not found this link. Indeed, some studies have found no significant association (e.g., Holmberg, Lomore, Takacs, & Price, 2011; Mikulincer & Florian, 1995, 1998; Ognibene & Collins, 1998), and others have found that anxiously attached individuals are significantly less likely to seek support (e.g., DeFronzo, Panzarella, & Butler, 2001; Florian, Mikulincer, & Bucholtz, 1995; Mikulincer, Florian, & Weller, 1993). Holmberg et al. (2011) suggest that this discrepancy could be due to an anxiously attached individual's fear of rejection. Thus, whilst these individuals may desire support from their attachment figures, they may also fear rejection. Therefore, anxiously attached individuals may need to take both of these needs into consideration when deciding whether to seek support from their attachment figure. Consequently, anxiously attached individuals may attempt to seek support through indirect means, such as by expressing their distress with the hope that this will elicit their attachment figure's support. This suggests that if an anxiously attached individual's attachment figure has behaved in way that promotes a heightened fear of rejection, he/she may be less likely to seek that figure's support. Indeed,

Rholes, Simpson, Campbell, and Grich's (2001) study on transition to parenthood found that anxiously attached women were more likely to seek support from their partners after their delivery if they perceived them to be supportive 6-weeks before they had given birth. Conversely, anxiously attached women were significantly less likely to seek support from their partner 6-months postpartum if they had previously perceived their partner to be unsupportive before they had given birth. Whilst the current study's focus on individuals' coping responses to attachment figures' infidelity will not be identifying feelings of rejection, it will be able to provide information on whether anxiously attached individuals seek support when it is their attachment figure who has caused their distress.

Furthermore, the Mikulincer et al. (2003) model demonstrates that the hypothetical excitatory and inhibitory pathways that are caused from the repeated use of secondary strategies impact the surveillance and appraisal of threats, and of attachment figures' availability. Thus, this model claims that anxiously attached individuals' use of hyperactivating strategies is likely to cause them to attend more to potentially threatening stimuli and their emotional reactions; to ruminate on disturbing thoughts, and to catastrophise the ramifications of these threats. These strategies keep threat-related worries active in working memory by increasing negative emotional reactions and rumination tendencies (Mikulincer and Florian, 1998). Ein-Dor, Mikulincer, and Shaver (2011) also found that anxiously attached individuals' working models are likely to possess implicit knowledge or "sentinel schemas" about events, making it easier for them to respond to threats or danger; e.g., "Be vigilant regarding possible danger, respond quickly to signs of threats, warn others about these signs, and seek their help" (p. 13).

Contrary to the idea that hyperactivating strategies lead to increased vigilance against signs of relational threats, Schmidt, Nachtigall, Weuthrich-Martone, & Strauss (2002) found

that when coping with chronic disease, anxiously attached individuals were more likely to report diverting their attention away from the stressor on a self-report measure. These individuals, however, were not identified as using this coping strategy through the study's observer-measure. The researchers suggest that due to their hyperactivating strategy, it is likely that anxiously attached individuals use a variety of coping strategies aimed at decreasing their stress that may not be outwardly apparent to others. Moreover, Holmberg et al.'s (2011) study, which focuses on adult attachment styles and stressor severity as moderators of the coping sequence, found that anxiously attached individuals were more likely to report using distancing coping strategies for mundane stressors. Whilst other studies on coping and attachment have focused on laboratory-based stressors (e.g., Ognibene & Collins, 1998), or extreme stressors such as combat (e.g., Mikulincer & Florian, 1995), Holmberg et al. (2011) suggest that anxiously attached individuals may use distancing strategies when faced with everyday stressors but return to hyperactivating strategies when the stressor is extreme or unusual. Furthermore, in studying the relationship between spouses' attachment styles, coping strategies, and marital satisfaction, Lussier et al. (1997) also found that anxiously attached individuals tended to use deactivating strategies. They also observed that avoidantly attached individuals sometimes used hyperactivating strategies. Due to their conflicting results, they suggest that future research aims to understand the types of marital situations that cause partners to use divergent attachment strategies. As a whole, the discrepancy between the results of these studies highlights the importance of researching how attachment styles predict coping across a range of different stressors, including infidelity, in order to inform therapists, such as counselling psychologists, who are supporting clients in overcoming this issue.

The Mikulincer et al. (2003) model claims that hyperactivation of the attachment system leads to emotion-focused coping. Other adult attachment research also supports this

claim. Alexander, Feeney, Hohaus, and Noller (2001) found that during their transition to parenthood, anxiously attached mothers were more likely to cope with appraised strain through emotion-focused coping. Similarly, Schmidt et al. (2002) found that anxiously attached individuals were likely to use negative emotional coping strategies. Whilst emotion-focused coping was consistently observed across these studies, the authors do not specify the type of emotion-focused coping used. Moreover, Mikulincer et al. (2003) claim that both securely attached and anxiously attached individuals use emotion-focused coping, yet appear to suggest that the former's use of this strategy is effective, whilst the latter's use is ineffective. As previously discussed, the distinction between different forms of emotion-focused coping is important, as this coping process involves a "wide range" of strategies aimed at reducing negative emotional responses (Folkman & Lazarus, 1984), some of which have been found to be effective means of decreasing stress and anxiety (e.g., meditation; Kang, Choi, Ryu, 2009), whilst others have been found to be ineffective strategies (e.g., drinking; Carpenter & Hasin, 1999). By categorising coping strategies into one emotion-focused strategy, much of the complexity and richness of the different coping processes are lost (Zeidner & Endler, 1996). The Folkman and Lazarus (1988) revised coping instrument (WOC), however, differentiates these coping processes, which allows it to measure different forms of coping strategies. For these reasons, the current study aims to evaluate the specific types of coping processes employed through the use of the Folkman and Lazarus (1988) WOC coping instrument.

Finally, the Mikulincer et al. (2002) model suggests that as activation of the attachment system inhibits activation of other behavioural systems and decreases the engagement in other non-attachment-related activities, hyperactivation of the attachment system results in anxiously attached individuals having fewer resources available to explore their environment, or to care for others until a sense of attachment security is achieved (Bowlby, 1982/1969).

Mikulincer et al. (2003) propose that by not engaging in other activities, new experiences of distress may build on top of and intensify current states of distress, which in turn is likely to result in a disordered “mental architecture”.

Secondary deactivating coping strategies. Conversely, the Mikulincer et al. (2003) model proposes that if upon appraising the attachment figure as unavailable and it is consciously/unconsciously decided that proximity seeking is not a viable option, then the individual is likely to employ secondary deactivating strategies of affect regulation or distancing coping strategies (Lazarus & Folkman, 1984). This is most characteristic of avoidantly attached individuals (Campbell, Simpson, Kashy, & Rholes, 2001; Lussier, et al., 1997; Mikulincer & Florian, 1995; Mikulincer et al., 1993; Vetere & Myers, 2002).

According to Mikulincer et al. (2003), in order to prevent further distress from their appraisal of attachment figures’ non-availability, avoidantly attached individuals aim to deactivate their attachment system. Deactivating coping strategies therefore involves the individual deactivating his/her proximity-seeking behaviour and attempting to independently manage the distress (Alexander et al., 2001; Cassidy & Kobak, 1988; Feeney & Hohaus, 2001). Moreover, it involves the individual suppressing his/her attachment needs in a relationship, including intimacy, support, and emotional involvement; increasing physical, cognitive, and emotional distance; and endeavouring to be self-sufficient and autonomous, or compulsively self-reliant (Bowlby, 1969/1982). Ein-Dor et al. (2011) support these findings through observations that avoidantly attached individuals’ working models possess accessible knowledge about behaviours aimed at preserving themselves without expecting help from or coordinating their behaviours with other people. The authors refer to this as a “rapid fight-flight schema”. This study found that avoidantly attached individuals were likely to take self-

protective action by “fleeing” the threat by escaping the situation. However, they note that their study’s procedure did not allow for them to observe “fighting” behaviours, which are efforts aimed taking action against the threat. They therefore suggest that future studies look at whether avoidantly attached individuals are also likely to protect themselves by directly confronting a threat. As this study will measure confrontive coping strategies, it will be able to assess whether attachment avoidance predicts the use of fight-like coping behaviours. Similarly, Simpson, Rholes, and Nelligan (1992) conducted an observational study to examine the actual seeking of support amongst couples. Within this study, women waited with their partner for what they were told would be a “painful laboratory procedure”. Whilst waiting, they were unobtrusively filmed and their behaviours were coded. The study found that avoidantly-attached women were more likely to inhibit their use of support seeking when they were highly distressed, such as by distracting themselves by reading a magazine. As the current study will be measuring seeking support coping, it will be able to assess whether attachment avoidance predicts the inhibition of support seeking.

In contrast, Holmberg et al. (2011) found that avoidantly attached individuals did not use distancing strategies for stressors that were characterised as mundane. They suggest that this may be because avoidantly attached individuals use this strategy so habitually that they may only be aware of this when the stressor is extreme or unusual. Their finding could also suggest that the use of deactivating strategies differs according to the threat or danger. This inconsistency in attachment avoidance and the use of deactivating strategies again highlights the need to study attachment coping processes with a variety of stressors.

The Mikulincer et al. model (2003) also claims that due to avoidantly attached individuals’ experience of unavailable attachment figures, maintaining independence and self-

reliance holds critical importance as the self is viewed as one's only source of protection. As a result, the perception of personal vulnerabilities and weaknesses can also be perceived as a significant threat (Mikulincer, 1995). Deactivating strategies thus entail not only inhibiting and suppressing cognitions related to attachment-related threats, but also those regarding perceived vulnerabilities (Shaver et al., 2002). Strikingly, although avoidantly attached individuals' attachment system may appear to be inactive during stressful situations, physiological tests show that these adults and children still experience physiological arousal in response to stressors (Dozier & Kobak, 1992; Mikulincer, 1998; Vaughn & Sroufe, 1979).

Fraley, Garner, and Shaver (2000) describe the process of cognitive distancing by conceptualising these coping strategies as "pre-emptive" and "post-emptive" lines of defence. They argue that a pre-emptive strategy causes the individual to avoid and disengage from experiences or information that is deemed threatening. A pre-emptive strategy includes motivated inattention. However, if this strategy is not viable because it fails to work or because the threat is completely unforeseen, then the individual will turn to a post-emptive line of defence. A post-emptive strategy requires the individual to minimise already encoded perceived threats and personal vulnerabilities. Post-emptive strategies include suppression and repression.

Other deactivating defence strategies associated with avoidantly attached individuals include decreased access to negative thoughts about the self, projection of personal negative traits onto others, and difficulty in bringing to mind attachment-related worries (Dozier & Kobak, 1992; Mikulincer, 1995; Mikulincer & Orbach, 1995; Mikulincer & Horesh, 1999). In addition, when reminded of separation from attachment figures, avoidantly attached

individuals are likely to deactivate their representations of these individuals (Mikulincer et al., 2002).

Summary of attachment affect-regulation strategies. In summary, by integrating the concepts of infant attachment theories (Ainsworth, 1991; Bowlby, 1969/1982, 1973, 1980; Cassidy & Kobak, 1988; & Main, 1995) with adult attachment research (e.g., Rice et al., 1997; Fuendeling, 1998; Mikulincer & Florian, 1998), the Mikulincer et al. (2003) model of the activation and dynamics of the attachment system demonstrates that when the attachment system is activated, each attachment style's coping strategy involves different cognitive, emotional, and behavioural processes.

According to Mikulincer (2003), securely attached individuals are likely to employ primary security-based coping strategies. These strategies involve acknowledging distress, seeking support from attachment figures, and problem solving (Lussier et al., 1997; Mikulincer & Florian, 1995; Mikulincer et al., 1993; Waters et al., 1998; Waters & Waters, 2006). Once security and distress relief are achieved through the use of these strategies, the individual is able to return to pursuing other activities that were inhibited when the attachment system was activated (Bowlby, 1982/1969). Thus, primary attachment strategies aim to decrease distress, increase resources, and promote psychological well-being and self-actualisation. These strategies are characterised as effective ways of coping, as they aim to remove the origin of distress, manage the incident, and restore emotional and psychological stability (Epstein & Meier, 1989).

Alternatively, due to the compounded distress caused by their frustrated attempts to achieve proximity from their attachment figure, the Mikulincer et al. (2003) model claims that

anxiously and avoidantly attached individuals are likely to employ secondary attachment coping strategies that aim to decrease or eliminate this compounded distress. Consequently, the main goal is primarily to hyperactivate or deactivate the attachment system rather than to regulate the initial sense of distress.

The Mikulincer et al. (2003) model suggests that hyperactivating strategies involve chronic activation of the attachment system, which results in consistent proximity-seeking attempts and vigilant appraisals of relational threats. Although Mikulincer et al. (2003), as well as other studies (e.g., Shaver et al., 2005), argue that hyperactivation of the attachment system leads to chronic support seeking amongst anxiously attached individuals, some studies have found no such association (e.g., Holmberg et al., Mikulincer & Florian, 1995, 1998; Ognibene & Collins, 1998), while other studies found that anxiously attached individuals are significantly less likely to seek support (e.g., DeFronzo et al., 2001; Florian et al., 1995; Mikulincer et al., 1993). It is suggested that these differences in proximity-seeking findings may be due to fear of rejection in anxiously attached individuals. Whilst the current study will not be able to identify this fear, it will be able to provide information on whether such individuals seek support when their attachment figure is the source of distress.

In addition, whilst Mikulincer et al. (2003) propose that anxiously attached individuals are likely to focus their attention on the stressor, other studies (e.g., Shmidt et al., 2002; Holmberg et al., 2011) instead found that anxiously attached individuals were more likely to use distancing strategies when coping with a stressor. Lussier et al. (1997) suggest that future research aims to understand the types of stressors (i.e., type of relationship situations) that cause individuals to use divergent attachment strategies.

Furthermore, the Mikulincer et al. (2003) model and other attachment research (e.g., Alexander et al., 2001; Schmidt et al., 2002) claim that anxiously attached individuals use a high level of emotion-focused coping; however, they do not specify which specific coping processes this includes. As emotion-focused coping involves a “vast array of emotion-focused strategies discussed in the literature” (Lazarus & Folkman, 1984, p. 153), which likely range in their degree of effectiveness, it is important to differentiate these. The current study therefore employs a measure (WOC; Folkman and Lazarus, 1988) that distinguishes separate forms of coping strategies.

The Mikulincer et al. (2003) model maintains that avoidantly attached individuals are likely to use deactivating strategies that, they argue, result in the individual’s suppressing proximity-seeking behaviours when coping with a threat or danger. This finding has been widely supported within the adult attachment literature (e.g., Alexander et al. 2001; Ein-Dor et al. 2011; Holmberg et al., 2011; Simpson et al., 1992). Their model also proposes that deactivating strategies result in the use of defences aimed at keeping emotional and cognitive threats at bay, which has also been supported by other research that found that avoidant-attached individuals are likely to use a high level of distancing to cope with stressors (e.g., Campbell et al., 2001; Lussier et al., 2001; Vetere & Myers, 2002). In contrast, Holmberg et al. (2011) found that this attachment style was not associated with distancing strategies when the stressor was characterised as being mundane. This suggests that the use of deactivating strategies could be dependent on the type of stressor, emphasising the need to research how attachment styles predict coping across a range of different stressors. Finally, while Ein-Dor et al. (2011) observed that anxiously attached individuals are likely to protect themselves from a threat through escaping the situation (flight), they were unable to detect whether these individuals would also take action against the threat (fight). As the current study measures

confrontive coping strategies, it will be able to assess whether attachment avoidance predicts the use of aggressive behaviour aimed at changing the situation.

The influence of attachment affect-regulation strategies on mental health and relationship satisfaction. Whilst primary strategies are regarded as constructive ways of coping (Epstein & Meier, 1989) and are associated with lower levels of anxiety, depression, and anger (Lopez & Brennan, 2000), Mikulincer et al. (2003) argue that secondary strategies—including rumination, passive emotion-focus, withdrawal, and primitive defences—bias the individual's perception and bring about relational difficulties (Mikulincer & Shaver, 2003). Indeed, studies have found that secondary attachment strategies are relatively ineffective ways of coping that can lead to increased psychological distress (Lopez, Mauricio, Gormley, Simko, & Berger, 2001; Mikulincer & Florian, 1998). Several studies have demonstrated that attachment insecurity is associated with feelings of depression, anxiety, and hostility (e.g., Priel & Shamai, 1995; Mikulincer et al., 1993; Robert, Gotlib, & Kassel, 1996). Wei, Heppner, & Mallinckrodt (2003) explored how affect-regulation or perceived coping mediated the relationship between attachment and psychological distress. This study found that perceived coping fully mediated the relationship between attachment anxiety and psychological distress and partially mediated the relationship between attachment avoidance and psychological distress. Their results therefore indicate that the use of attachment affect-regulation strategies directly and indirectly influences psychological distress. Wei, Heppner, Russell, & Young (2006) claim that this relationship suggests that clinical treatment aimed at altering attachment patterns could decrease feelings of depression. However, they argue that whilst this is not impossible, attachment patterns are difficult to change due to their continuity from early childhood (Bowlby, 1969/1982). They therefore propose that research investigate the relationship between attachment, coping, and distress to support the development of

interventions aimed at increasing effective coping as an alternative treatment method toward changing attachment patterns. Whilst psychological distress does not receive direct focus within the current research, these studies demonstrate the importance for counselling psychologist to understand attachment coping strategies. Furthermore, due to the relationship between attachment, coping, and psychological distress, the current study controlled for depression, anxiety, and stress in order to measure the direct relationship between attachment and coping. This is discussed in more detail in the Methods section.

Research has also suggested that attachment coping strategies are associated with relationship satisfaction (e.g., Brennan & Shaver, 1995; Lussier et al. 1997). For example, Bayley, Slade, and Lashen (2009) found that when coping with infertility difficulties, the use of secondary coping strategies amongst anxiously attached men and women, and amongst avoidantly attached women, was related to lower relationship satisfaction. Conversely, Collins and Feeney (2000) found that couples who engaged in more support-seeking behaviours described their relationship as happier and more satisfying. Relationship satisfaction is not a focus of this study; however, due to its association with attachment affect-regulation strategies, this study also controlled for relationship satisfaction. This is discussed in more detail in the Methods section.

Activation of the Attachment System

Researchers argue that there are different types of major threats that can trigger the attachment system amongst adults (e.g., Mikulincer et al., 2002; Simpson & Rholes, 2012). These threats can be fear-inducing or anxiety-provoking stressors that are internal or external to the individual's relationship (Beckes, Simpson, and Erickson, 2010). Over the past 22 years,

Jeffrey Simpson and his research team have conducted a series of lab studies to examine how different sources of threat activate the attachment system and affect cognitions, emotions, and behaviours within the context of an adult individual's romantic relationships.

In one of their studies, Simpson, Rholes, Phillips (1996) examined how relational internal stressors, or "stress-inducing behaviours enacted by relationship partners" (Simpson and Rholes, 2012, p. 302), impact individuals with different attachment styles. In their study, couples were asked to attempt to resolve minor and major relationship-based issues. When discussing major issues, anxiously attached individuals were more likely to become distressed, hostile, angry, and uncomfortable, and later to feel that the issue was not well resolved. Moreover, after both the major and minor issue discussions, anxiously attached individuals reported feeling less positively toward their partner in regard to the amount of love, commitment, openness, mutual respect, and supportiveness that was in their relationship. In stark contrast, avoidantly attached individuals were not likely to report feeling more angry, nor view their partner less positively after the discussions. Avoidantly attached men were, however, observed to act in a less warm and supportive way toward their partner, particularly after discussing a major problem, and to later report that the issue was not well resolved. Alternatively, after discussing a major problem, securely attached participants perceived their partner and relationship more positively than they had before.

In another study, Simpson, Ickes, and Grich (1999) aimed to look at the impact of relationship-based stressors that are external to the relationship by investigating how attractive alternative partners affected individuals with different attachment styles. During the procedure, dating couples were asked to discuss and rate the attractiveness of opposite-sex people located on slides that were purposely designed to be relationship threatening. Each participant was then

asked to infer the thoughts and feelings of his/her partner whilst watching a videotape of the discussion. Simpson et al. (1999) found that anxiously attached participants were more accurate in inferring their partner's thoughts and feelings (termed empathetic accuracy) during the relationship-threatening task than were securely and avoidantly attached participants. However, due to their high level of empathetic accuracy, these individuals felt more threatened and experienced greater discomfort and distress, and they displayed less confidence in themselves, their partner, and their relationship. Furthermore, when the researchers followed up with participants four months after the lab task, they found that the empathically accurate anxiously attached individuals were more likely no longer to be in a relationship with their partner. In contrast, less anxiously attached individuals (secure or avoidantly attached participants) were less accurate in inferring their partner's thoughts. Interestingly, these participants reported positive relational consequences after the task. Simpson et al. (1999) suggest that, when faced with negative relational events, avoidantly attached individuals are likely to avoid thinking about the negative implications of their partner's thoughts and feelings. Securely attached individuals, on the other hand, are more likely to use conflicts as opportunities to strengthen their relationship and are therefore more likely to feel closer to their partner after a major negative relational incident (Simpson & Rholes, 1994; Simpson et al., 1996).

As discussed, the Mikulincer et al. (2003) model of the activation and dynamics of the attachment system demonstrates that anxiety-provoking or fear-inducing incidences can activate the attachment system and lead to the use of primary or secondary coping strategies. Whilst secure and anxiously attached individuals are likely to seek proximity to their attachment figure, avoidantly attached individuals attempt to deactivate their attachment system. The aforementioned studies (Simpson & Rholes, 1994; Simpson et al., 1996; Simpson

et al., 1999), however, begin to shed light on how individuals with different attachment styles respond when it is their attachment figure who is both the source of and potential solution to their distress. An incidence in which an attachment figure abandons or betrays his/her partner's trust during a critical moment of need is referred to as an "attachment injury" (Johnson, Makinen & Millikin, 2001). This construct, identified and operationalised within the marital and family therapy literature for Emotionally Focused Therapy (EFT; Greenberg & Johnson, 1988; Johnson, 1996) occurs when an injured partner loses confidence in his/her partner's ability to provide a sense of security. An attachment injury can cause a couple's bond to become insecure and can lead to "seemingly irreparable damage to close relationships" (Johnson et al., 2001, p. 145). Moreover, the way a couple responds to the attachment injury can either repair and improve the attachment bond or it can prevent repair, compound the injury, and deepen feelings of despair and alienation (Johnson et al., 2001).

Infidelity

Infidelity is considered an attachment injury that can have devastating implications for a couple (Johnson et al., 2001; Gordon, Baucom, & Synder, 2004). Infidelity, whether sexual, emotional, or both, can negatively affect relationship functioning and stability (Drigotas, Safstrom & Gentilia, 1999). For the majority of marriages, infidelity can increase the likelihood of marital dissatisfaction and ultimately dissolution (Amato & Rogers, 1997). Therapists have reported that amongst couples dealing with a sexual infidelity, 34% of cases ended in divorce and an additional 50% of cases deemed their marriage to be in substantial distress (Blow & Hartnett, 2005b). Furthermore, infidelity can have serious personal, familial, and societal consequences, such as domestic abuse, homicide, and mental health difficulties (Amato & Previti, 2003; Daly & Wilson, 1988; Lusterman, 1998). Whilst emotional and sexual exclusivity within an intimate relationship is an upheld societal norm in the West, studies

confirm that the occurrence of infidelity is widespread (Allen & Atkins, 2005; West & Fallon, 2005). It is estimated that in the United States, lifetime prevalence of infidelity ranges from 20% to 25% for women and 20% to 40% for men (Atkins, Beaucom, & Jacobson, 2001; Laumann, Gagnon, Michael, and Michaels, 1994; Whitsman & Synder, 2007).

Couple therapy is considered to be a scientific field (Blow & Hartnett, 2005a). Like any scientific practice, it is important that when practitioners, including counselling psychologists, refer to the literature, whatever the epistemological framework, they are able to find methodologically strong studies. Nevertheless, according to Blow & Hartnett (2005a), the majority of the literature on infidelity is based on “opinion, clinical experience, or limited research of the authors” (p.184), while the small portion of research articles possesses “many methodological limitations” (p. 184). The following subsections review the methodological choices of research studies on infidelity.

Operational definition. One of the most significant critiques within the infidelity literature is the lack of a consistent operational definition (Blow & Hartnett, 2005a). As infidelity could be considered a social construction, it isn’t surprising that researchers give their own meaning to the phenomenon. An example is the Sweeney and Horwitz (2001) study, which looked at the mental health implications of spousal infidelity and divorce initiator status following a recent marital disruption. In their national study, the researchers define infidelity as “involved with someone else before marriage ended”. The researchers report that defining infidelity in this way may not provide a “valid report” of the participants’ spouses’ “actual infidelity”, but that it would give meaningful data from the participants’ perception of whether their spouse was unfaithful. While this ambiguous definition might allow the participant to decide independently which specific actions they personally deem as constituting “involved

with someone else” (e.g., sex, friendship, kissing), it does not determine whether the “involvement” was sanctioned or not by the participant; i.e., an open marriage. This is important, since behaviour considered as infidelity in one relationship may be accepted and/or agreed upon behaviour in another relationship. Consequently, a spouse’s “involvement” outside of a marriage could have different implications on the participants’ mental health and calls into question whether the data have become convoluted and thus whether the findings are valid.

In addition, by Sweeney and Horwitz’s (2001) study not asking participants to give a description of the spouses’ involvement (i.e., emotional or sexual infidelity), it makes it difficult for it to be compared with other studies on infidelity. Indeed, as mentioned previously, theirs is not the only study with a limited definition in this field. Studies have defined infidelity behaviours as including “having an affair,” “extramarital relationship,” “cheating”, “sexual intercourse”, “oral sex”, “kissing”, “fondling”, “emotional connections that are beyond friendships”, “friendships”, “internet relationships”, and “pornography use” (Blow et al., 2005). In their methodological review of the infidelity literature, Blow et al. (2005) state “the numerous definitions of infidelity makes (sic) ... comparisons among studies with differing definitions nearly impossible.”

Truthfulness of participant responses. Infidelity is a phenomenon that is considered by many as socially unacceptable and emotionally distressing to the relationship and family involved (Drigotas et al., 1999). Moreover, while the aim of scientific research is to seek out “truth”, infidelity, as described by Charny and Parnass (1995), “‘intends,’ by its very nature, to elude observation and conceal important aspects of truth”. Infidelity research participants who feel ashamed, uncomfortable, or embarrassed when sharing the details of their or their partners’

infidelity are therefore likely to be solicitous that their responses remain strictly confidential. If for some reason participants doubt the confidentiality of their reports, they may be less truthful with their answers.

An example where this might have occurred is the Choi, Catania, and Dolcini (1994) study, which examined the prevalence of infidelity and the risk of HIV infection amongst married individuals from the American National AIDS Behavioral Survey. The survey data were collected by telephone through the use of random-digit dialling. To determine the occurrence of infidelity amongst married participants, individuals were asked the following question: “Over the past 12 months, how many different partners have you had either vaginal or anal intercourse with?”

As the study’s design method entailed random-digit dialling, participants would not have been expecting the call and could have been among other people in their own home or workplace when they agreed to take part in the survey. While the study maintained the anonymity of its respondents, if participants thought someone else could hear their responses, such as their spouse, family, or colleagues, they might have provided inaccurate information, particularly if their infidelity was concealed and unknown by those individuals.

In addition to the possible fears that participants might have had about the confidentiality of their responses, the dynamics of human-to-human communication could have induced stronger feelings of embarrassment or shame than if the individual were anonymously to complete a written questionnaire. If such feelings were experienced, the participant might have been less honest with his or her responses.

The issue of participant inaccuracy in responding due to fears of non-anonymity, or embarrassment from speaking directly to the researcher could have also been present in other infidelity studies in which the research interviews were conducted in the homes of participants (Lauman et al., 1994; Worth, Reid, & McMillan, 2002).

Gaps in the Literature

Although the implications of infidelity are widely cited within the infidelity literature, there is very little literature of which the researcher knows that deals with how individuals cope after the discovery of a partner's infidelity. One study that did investigate this topic is the Buunk (1982) study on individual differences in coping with jealousy of a partner's infidelity. Buunk (1982) discovered three styles of coping strategies: avoidance of the spouse, reappraisal of the situation, and communication. Women, particularly those with low self-esteem, tended to use avoidance strategies to overcome the jealousy of a partner's extramarital relationship, and men and women with high levels of neuroticism tended use both avoidance and reappraisal strategies. Men and women with high marital satisfaction most often used communication coping strategies, less often used avoidance strategies, and rarely used reappraisal strategies. An additional study that looked at coping responses to infidelity was conducted by Miller and Maner (2008). The study, guided by an evolutionary perspective, observed gender differences in response to an imagined partner infidelity. Whilst women were more likely to imagine feeling sad by the betrayal and seeking support from friends, men imagined feeling angry and being violent toward the rival. Miller and Maner (2008) suggest that gender differences are evolved solutions to sex-differentiated adaptive problems. She argues that women have a greater need for affiliation due to the importance of receiving support when raising offspring, while men may rely on violence to assert their dominance and threaten the male rival. Whilst these studies (Buunk, 1982; Miller & Miller, 2008) evaluate personality and gender differences

in coping with infidelity, the researcher is not aware of any study that has looked into the relationship between attachment styles and coping strategies when learning of a partner's infidelity. Indeed, within a substantive review of the infidelity literature, Blow and Hartnett (2005b) note this gap stating:

“Given the burgeoning research on attachment in committed relationships and its links to relationship satisfaction (Brennan & Shaver, 1995) and treatment of couples (Johnson, 1996, 2002), we were surprised to find only two studies linking infidelity to attachment” (Blow & Hartnett, 2005b, p. 226).

These studies include Allen and Baucom (2004) and Bogaert & Sadava (2002), which investigated the role of attachment in predicting infidelity. A more recent search of the literature between infidelity and attachment has rendered two additional peer-reviewed journals (DeWall, Lambert, Slotter, Pond, Deckman, Luchies, & Fincham, 2011; Russell, Baker, & McNulty, 2013) that also use an attachment theory framework for predicting infidelity.

Within these studies, Russell et al. (2013) found that own- and partner-attachment anxiety predicted marital infidelity, indicating that individuals who were either anxiously attached or whose partner was anxiously attached were more likely to engage in infidelity. Own-attachment avoidance did not significantly predict engagement in infidelity; however, partner-attachment avoidance was negatively associated with infidelity; thus, individuals with an avoidantly attached spouse were less likely to engage in infidelity. Similarly, Bogaert and Sadava (2002) found that anxiously attached individuals were more likely to engage in infidelity, particularly women. Allen and Baucom (2004) also demonstrated that anxiously attached undergraduate women were more likely to report having a greater number of

extradyadic partners compared to securely attached women. Conversely, they found that avoidantly attached undergraduate men reported having the greatest number of extradyadic partners. Furthermore, Dewall et al. (2011) also found that attachment avoidance, but not attachment anxiety, was associated with higher rates of infidelity and/or a greater interest in alternatives.

Additional studies that have linked infidelity to attachment include Levy and Kelley (2010), Treger and Sprecher (2011), and Berchell and Ward (2011), which investigated gender and attachment differences in emotional reactions to sexual versus emotional infidelity. Levy and Kelly (2010) found that dismissive-avoidant individuals, particularly men, reported feeling more jealous by sexual infidelity. Conversely, securely, anxiously, and fearfully attached men and women reported feeling more jealous by emotional infidelity. Treger and Sprecher (2011) also found that anxiously attached men were more likely to feel distressed by a partner's emotional infidelity, whilst avoidantly attached women were more likely to find a partner's sexual infidelity as distressing. Berchell and Ward (2011) replicated these findings by demonstrating that avoidantly attached men were likely to feel more jealous by sexual infidelity.

Although these studies have linked attachment theory to infidelity by observing the occurrence of infidelity and by investigating reactions to sexual versus emotional infidelity amongst different attachment styles, the researcher is not aware of any study that has looked at the role of attachment in coping with a partner's infidelity. Given that the attachment system is activated when an individual perceives a major threat to the relationship (Bowlby, 1973; Simpson et al., 1996; Simpson et al., 1999) and that infidelity likely causes such threat (Johnson

et al., 2001), it is probable that infidelity will trigger the use of different attachment-based affect-regulation coping strategies (Mikulincer et al., 2003).

Application of Research to Counselling Psychology

Infidelity is the number one cited reason for divorce in the US and cross-culturally (Amato & Previti, 2003; Betzig, 1989) and according to couple therapists, one of the most destructive difficulties for a relationship and one of the most challenging issues to treat (Whisman, Dixon, & Johnson, 1997). The researcher was therefore surprised by the lack of research on how individuals cope with this widely occurring incident. Counselling psychologists working with clients who are trying to overcome a partner's infidelity are therefore likely to benefit from being knowledgeable about the ways in which these individuals are inclined to cope with this issue. The knowledge from this research on the coping patterns between individuals with different attachment styles can therefore inform the treatment of counselling psychologists and develop our understanding of human psychology. Counselling psychologists working with clients who are overcoming their partner's infidelity could support the client by helping them reflect on their history with attachment figures and identify how their resulting working models are influencing the way in which they appraise and cope with the incident. The therapist can then encourage the client to challenge and alternate their working models. Moreover, the therapist can demonstrate how certain coping strategies can maintain and perpetuate their emotional distress, and support the client in adopting more constructive methods of coping. The clinical implications of the study's results are discussed within the Discussion section of this thesis.

Aim and Hypotheses of the Present Study

The study aimed to investigate whether attachment-related anxiety and attachment-related avoidance are significant predictors of coping strategies in relation to memories of coping with partner infidelity.

Based on the finding that securely attached individuals employ primary security-based coping strategies, including proximity seeking and problem-focused coping (e.g., Lussier et al., 1997; Mikulincer & Florian, 1995; 1998), the current study predicted that in response to partner infidelity, securely attached individuals will seek tangible, informational, and emotional support and make problem-focused behavioural and analytic efforts to alter the situation. Therefore, the current study hypothesises that lower attachment anxiety and lower attachment avoidance will significantly predict *(H1) higher seeking social support, and (H2) higher planful problem solving*.

Within the attachment literature, findings have disagreed as to whether attachment anxiety's use of hyperactivating attachment coping strategies is significantly related to support seeking (e.g., Shaver et al., 2005; Mikulincer & Florian, 1995; DeFronzo et al., 2001). It has been suggested that these discrepancies may be due to the fear of rejection in anxiously attached individuals (Holmberg, 2011). The current study expects that although anxiously attached individuals may have desired their partner's support following the discovery of infidelity, they would not have sought this, as their partner is the source of their distress. Thus, the present study hypothesises that *(H3) higher attachment anxiety will significantly predict lower seeking social support*. However, as the WOC seeking-support scale does not discern from whom support is sought (friends, family, or relationship partner), we expect this effect to be small. Furthermore, based on the claim that hyperactivating strategies lead anxiously attached individuals to catastrophise the ramifications of threat (Mikulincer et al., 2003), the current

study predicts that anxiously attached individuals will be less likely to create positive meaning of their partner's infidelity. Therefore, the study hypothesised that *(H4) higher attachment anxiety will significantly predict lower positive reappraisal*. Research findings have been unclear on the use of emotion-focused coping in anxiously attached individuals, and research findings have also been conflicted as to whether anxiously attached individuals use distancing coping strategies. Certain studies have found that anxiously attached individuals are more likely to use emotion-focused coping strategies (e.g., Alexander et al., 2001; Schmidt et al., 2002). As discussed, emotion-focused coping includes a "wide range" of coping strategies (Folkman & Lazarus, 1984); however, these studies do not specify which types of coping processes emotion-focused coping included. Whilst Mikulincer et al. (2003) claim that hyperactivating strategies cause anxiously attached individuals to ruminate on disturbing thoughts, other studies (e.g., Holmberg et al., 2011; Schmidt, 2002) found that anxiously attached individuals tend to divert their attention away from the stressor. Schmidt et al. (2002) suggest that anxiously attached individuals may use a variety of coping strategies aimed at decreasing their stress. Based on these findings, the present study predicts that as anxiously attached individuals may be less inclined to rely on hyperactivating support-seeking strategies, they will instead engage in a variety of strategies aimed at reducing their distress, including wishful thinking and behavioural efforts aimed at escaping thoughts about their partner's infidelity, as well as attempts to cognitively detach themselves from and minimise the importance of their partner's infidelity. Thus, the present study hypothesises that *higher attachment anxiety will significantly predict (H5) higher escape avoidance and (H6) higher distancing*. Lastly, based on the claim that anxious attachment is associated with self-blame (Bowlby, 1969/1982), this study predicts that anxiously attached individuals will take more responsibility for their partner's infidelity. Therefore, the current study hypothesises that *(H7) higher attachment anxiety will significantly predict higher accepting of responsibility*.

Based on the claim that avoidantly attached individuals use deactivating secondary strategies that involve inhibiting proximity-seeking behaviour and increasing physical, cognitive, and emotional distance (Mikulincer, 2003), the current study predicts that avoidantly attached individuals will not seek support and will instead use strategies aimed at cognitively detaching themselves from and minimising the importance of their partner's infidelity. Thus, the current study hypothesises that *higher attachment avoidance will significantly predict (H8) lower seeking social support and (H9) higher distancing strategies*. In addition, based on the finding that deactivating strategies involve efforts aimed at independently managing distress (Alexander et al., 2001; Mikulincer et al., 2003) the study predicts that avoidantly attached individuals will attempt to control their emotional and behavioural reactions to partner infidelity. Therefore, the current study hypothesises that *(H10) higher attachment avoidance will significantly predict higher self-controlling*. However, based on the claim that avoidantly attached individuals automatically tend to suppress their emotions, often without awareness (Mikulincer et al., 2003), we expect this effect to be small. Finally, based on the finding that avoidantly attached individuals are more likely to take self-protective action by "fleeing" a threat by escaping the stress-inducing situation (Ein-Dor et al., 2011), the current study predicts that avoidantly attached individuals will not behave in aggressive ways in order to change the situation relating to their partner's infidelity. Therefore, the current study hypothesises that *(H11) higher attachment avoidance will significantly predict lower confrontive coping*.

Research Paradigm

The following section critically evaluates the epistemological and methodological choices of the current research project. This section begins by providing a critical review of the four major paradigms that commonly inform counselling psychology research. The subsequent

section critically reflects on the particular ideas of the paradigms that informed the study's methodology.

Brief reflections on research paradigms for counselling psychology research and practice. The paradigmatic perspectives in counselling psychology research are numerous (Morrow, 2007). This critical review largely bases its discussion on work by Magee (1985), Ponterotto (2005), Morrow (2007), and Guba & Lincoln (1994) that identifies and reviews four main paradigms, including constructivism, critical-ideological, positivism, and post-positivism.

Constructivism. The constructivist paradigm maintains that realities are constructed in the minds of individuals and that these realities are intangible, multiple, and equally valid. (Guba & Lincoln, 1994; Ponterotto, 2005). Counselling psychology research adhering to this paradigm therefore assumes that scientific knowledge is constructed by the researcher and participants rather than being discovered as a form of external reality. Thus, there are as many realities as there are participants, including the researchers (Morrow, 2007).

Constructivism regards the researcher's subjectivity as an integral and embraced component of the research, suggesting a transactional and subjectivist epistemology. During the process of investigation, the researcher will use a hermeneutical and dialectical methodology; the researcher and participant interactively link in order to co-construct findings through dialogue and interpretation. Through this dialogue, reflection is stimulated, allowing for deeper hidden meaning to be uncovered (Guba & Lincoln, 1994; Ponterotto, 2005). This paradigm is especially suitable to counselling psychology practice due to the constructivist nature of psychotherapy (Neimeyer, 1995).

While the researcher acknowledges that an individual's unique experience of the world will characterise the way in which he or she construes reality, the researcher finds it difficult to accept that we as individuals are incapable of "knowing" external reality. More specifically, if constructivists reject objectivism, it raises the question as to how they can account for universal agreement of certain biological and physical realities, such as race, sexuality, atoms, and mathematics.

Critical-Ideological. According to the critical-ideological paradigm, multiple realities exist except for a "real" reality shaped by social, political, economic, cultural, ethnic, and gender factors (Guba et al., 1994; Ponterotto, 2005). While some argue that this paradigm adheres to critical realist ontology (Kincheloe & McLaren, 1994; Morrow, 1995), others claim its ontology is historical realism (Guba et al., 1995).

This paradigm's epistemology is transactional and subjectivist; the researcher's values influence the participant. Moreover, the goal of critical-ideological research is to use a dialectic interaction between the researcher and participant to shift the participant's unawareness of his or her social oppression into a more informed consciousness in order to empower him/her to work toward democratic change and transformation (Guba et al., 1994; Ponterotto, 2005). The critical-ideological paradigm often influences counselling psychology research in multicultural, feminist, and social justice areas (Morrow, 1995).

Positivism. Positivism, often regarded as the "received view" (Guba et al., 1994; Keeley, Shemberg, & Zaynor, 1988), has been the dominant paradigm in the physical and social sciences since the Enlightenment period of the 17th and 18th centuries (Gergen, 2001). The

ultimate goal of positivistic counselling psychology research is to reach a description that results in predication and control of phenomena (Ponterotto, 2005). Mill's (1843/1906) *A System of Logic* (summarised by Lincoln & Guba, 1985) describes the principle concepts of positivism: (1) the goal of social and natural sciences is the same: to discover laws that lead to description and prediction, (2) the hypothetic-deductive method should be applied in both social and natural sciences, (3) empirical categories should define categories, (4) there exists a true, discernible reality, (5) data reveal laws of nature, (6) large samples suppress idiosyncrasies in data, which can then uncover ultimate laws of nature. As cognitive behavioural therapy involves the use of hypothetic-deductive method, it could be argued that it strives to adhere to this traditional paradigm.

A criticism of this paradigm is that its method of basing general arguments on accumulated observations of phenomena, known as induction, is inherently flawed. This predicament, raised by Hume, is due to the fact that singular observational statements can never logically be made generalisable; observations of scientific theories in the past do not logically mean that they will be observed in the future, since it is impossible to observe future events. This dilemma, otherwise known as "Hume's problem", means that the foundation on which science is based are impossible to validate (Magee, 1985).

Post-Positivism. Sir Karl Popper, one of the first philosophers to critique positivism, offered a solution to Hume's problem, as well as other important dilemmas found within positivism. He demonstrated logically that whilst it may be impossible to verify scientific theories, it is possible to falsify them. Methodologically, Popper suggests that scientific statements are to be made as explicit as possible in order to expose them to refutation and criticism. This is crucial, as it is through this continual process of refuting scientific statements

and replacing them by statements of greater explanatory power that we are given more information about the relationship between the variables being studied (Popper; 2002a; 2002b). Hence, in order for a theory to be considered scientific, it must be falsifiable or testable. In regards to counselling psychology practice, post-positivists argue that psychoanalytic theories, though far from meaningless, cannot be considered scientific because they are not testable (Magee, 1985).

It is for this reason that the premise of post-positivism is that, whilst an ultimate reality exists, it is logically impossible to “know” that reality: though post-positivist research aims to become increasingly closer to “knowing” the truth of phenomena, it is impossible to discern whether this truth has actually been reached (Popper; 2002a; 2002b). Moreover, post-positivists maintain that the values, theories, and background of a researcher influence their observations, and that all measurements possess various types of error (Robson, 2002). As a result of these limitations, this paradigm accepts that reality can only be “known” imperfectly and probabilistically (Popper; 2002a; 2002b).

The research project’s underlying perspectives and rationale for its chosen methodology. This study primarily takes a post-positivist position, whilst the research project considers that constructivist theories are true to the extent that individuals hold unique and subjective perceptions of social phenomena (Guba et al., 1994; Ponterotto, 2005). The researcher also accepts post-positivism’s concept that a reality independent of ourselves exists, of which humans are capable of “knowing” to an extent (Popper; 2002a; 2002b).

Although the researcher considers that an individual’s constructions of social phenomena may be unique, the researcher believes that patterns of human behaviour, cognitions, and

emotions exist amongst individuals exposed to a similar phenomenon. Thus, in relation to the current research project, we maintain that whilst each participant's conception of his/her partner's infidelity and of the method of coping will never be completely the same as another individual's, the researcher does believe that there will exist common behavioural, cognitive, and emotive grounds of experience.

While qualitative research could offer an interesting insight into an individual's subjective experience, the researcher feels that it is vital for counselling psychologists, as researchers and practitioners, to be knowledgeable of the common patterns between individuals in order to inform treatment and to develop our understanding of human psychology. It is for these reasons that the current research project used a quantitative methodology, specifically multivariate regression analyses.

The study, however, takes the post-positivist critical view of our ability to know reality with conviction (Popper, 2004a; 2004b). Therefore, the study's goal was to strive for objectivity in determining attachment style differences in coping with a partner's affair, even though we can never achieve this goal perfectly. Moreover, the researcher agrees that the study's measurements are inherently fallible (Robson, 2002), but she takes into consideration that they have survived the "natural selection theory of knowledge" by being modified according to criticisms and have survived researcher scrutiny (Conradi, Gerlsma, van Duijn, & de Jonge, 2006; Mikulincer & Florian, 2001; Skinner, Edge, Altman, & Sherwood, 2003).

Reflections on the methodological choices for the current research project. In light of the previous reflections of the methodological decisions within the infidelity literature, as well as the study's chosen epistemological position, this section will now present the choices

of the current research project and the ways in which it aims to provide a methodologically strong study in the hope of extending our understanding of attachment affect-regulation strategies in response to partner infidelity.

Operational Definition Considerations. Taking into account the definitional difficulties within the infidelity literature, the current study followed the definitional considerations put forth by Blow and Hartnett (2005a), which were recommended for future studies with the aim of improving consistency. Their broad definition of infidelity is as follows:

Infidelity is a sexual and/or emotional act engaged in by one person within a committed relationship, where such an act occurs outside of the primary relationship and constitutes a breach of trust and/or violation of agreed-upon norms (overt and covert) by one or both individuals in that relationship in relation to romantic/emotional or sexual exclusivity (Blow and Hartnett, 2005a, p. 191-192)

In light of this definition, the current research project examined certain variables of infidelity. Firstly, the study asked participants to specify whether their partner's infidelity constituted a violation of agreed-upon norms in the relationship vis-à-vis emotional or sexual exclusivity. If the secondary relationship was not sanctioned, it was not considered infidelity. Secondly, the study used three separate continuums (Glass & Wright; 1985, 1992) to measure the participant's knowledge of the emotional extent of the affair, the sexual extent of the affair, and whether the affair was more emotional or sexual. These specifications were made with the goal of facilitating comparisons between the current study's results and the findings of other studies.

Confidentiality Considerations. In light of the possibility that participants may give inaccurate reports when speaking of infidelity (e.g. Choi et al., 1994; Lauman et al., 1994; Worth et al., 2002), the current study aimed to reassure clients of their anonymity by placing confidentiality as a major criterion. In order to achieve this goal, this study collected data through the use of SurveyMonkey.com. Adverts, which promoted participation in the study, directed individuals to the Web survey, where all data was collected. As participants answered all of the study's questions online and were not required to give their names, the researcher could not link the participants to their responses. The researcher believes that this method of data collection will reassure participants that their identity is anonymous and encourage them to respond openly and honestly. Moreover, unlike Choi et al.'s (1994) study, which required individuals to participate the moment they received the survey call, this type of data collection method allowed individuals to participate at their desired time and place. The researcher hoped that, as a result of this, individuals would participate when they felt comfortable to answer the research questions honestly.

Other Considerations. Through the process of understanding different paradigms in counselling psychology research and practice, the researcher has become increasingly aware of the study's use of induction by resting its hypothesis on the foundations of other theories; namely, attachment theory. Post-positivism offers a convincing argument on the importance of falsification (Magee, 1985), and as a result, the researcher attempted to falsify the study's hypothesis rather than verify it, by using a null hypothesis. Following this post-positivist paradigm, it was deduced that significant relationships that were found to exist between the study's variables were due to a lack of evidence for rejecting the null hypothesis, rather than taking a positivist approach, which would imply the discovery of a scientific theory.

Furthermore, the researcher agrees with the post-positivist stance that the values, theories and background of a researcher influence his or her observations (Robson; 2002). Whilst the researcher strived to remain completely neutral when seeking the objective “truth” of this project’s question, the researcher feels that her own values on infidelity might inadvertently affect the way in which she approached the topic. The researcher therefore followed Blow and Hartnett (2005b) suggestion for all studies on value-laden topics, such as infidelity, to disclose their values so that readers would be informed of the researcher’s intent.

Reflexivity. The researcher’s personal interest in this topic initially came from her witnessing family and friends suffer from discovering a partner’s infidelity. In addition, the researcher personally noticed the impact her early experiences with caregivers had on her beliefs about herself and others, and the effect that these beliefs had on the way in which she coped with her own experience of a partner’s infidelity. As a result, the researcher wondered whether an individual’s cumulative experience with attachment figures could influence the strategies used when coping with what she perceived to be an extremely difficult and painful process. In addition, whilst working as a therapist within primary and secondary care, the researcher encountered several clients who were struggling from the discovery of their partner’s infidelity. The researcher noticed that these clients not only appeared to expect a similar type of behaviour from their partner which they had received from their own caregiver as a child, but also noticed that these clients coped in ways which were congruent with these expectations. Unfortunately, these coping strategies appeared to perpetuate the client’s unhelpful beliefs about themselves and others, and to compound their distress. Whilst the researcher was able to draw on related theories, such as schema therapy (Young, Klosko, & Weishaar, 2003), the researcher was surprised to not find any study that had applied an

attachment theory framework to understand individual differences in coping with partner infidelity.

Research Aim and Hypotheses

The research aimed to investigate whether attachment-related anxiety and attachment-related avoidance are significant predictors of coping strategies in relation to memories of coping with partner infidelity.

The study's research hypotheses were that in relation to memories of coping with partner infidelity:

H(R)1: Lower attachment anxiety and lower attachment avoidance will significantly predict higher seeking of social-support scores.

H(R)2: Lower attachment anxiety and lower attachment avoidance will significantly predict higher planful problem-solving scores.

H(R)3: Higher attachment anxiety will significantly predict lower seeking of social-support scores.

H(R)4: Higher attachment anxiety will significantly predict lower positive-reappraisal scores.

H(R)5: Higher attachment anxiety will significantly predict higher escape-avoidance scores.

H(R)6: Higher attachment anxiety will significantly predict higher distancing scores.

H(R)7: Higher attachment anxiety will significantly predict higher accepting-responsibility scores.

H(R)8: Higher attachment avoidance will significantly predict lower seeking of social-support scores.

H(R)9: Higher attachment avoidance will significantly predict higher distancing scores.

H(R)10: Higher attachment avoidance will significantly predict higher self-controlling scores.

H(R)11: Higher attachment avoidance will significantly predict lower confrontive-coping scores.

The study's null hypotheses were that in relation to memories of coping with partner infidelity:

H(0)1: Attachment anxiety and attachment avoidance will not significantly predict seeking social support scores.

H(0)2: Attachment anxiety and attachment avoidance will not significantly predict planful problem solving scores.

H(0)3: Attachment anxiety will not significantly predict seeking social support scores.

H(0)4: Attachment anxiety will not significantly predict positive reappraisal scores.

H(0)5: Attachment anxiety will not significantly predict escape avoidance scores.

H(0)6: Attachment anxiety will not significantly predict distancing scores.

H(0)7: Attachment anxiety will not significantly predict accepting responsibility scores.

H(0)8: Attachment avoidance will not significantly predict seeking social support scores.

H(0)9: Attachment avoidance will not significantly predict distancing scores.

H(0)10: Attachment avoidance will not significantly predict self-controlling scores.

H(0)11: Attachment avoidance will not significantly predict confrontive coping scores.

Chapter 3: Method

Participants

Sampling procedures. Participants were recruited through snowball sampling and self-selected sampling. No agreement or payment was made to participants. Snowball sampling entailed sending a “Call for Participants” email (see Appendix M) to colleagues and acquaintances. Self-selected sampling was carried out online by posting a similar Call for Participants notice on forums of relationship and support group websites and on Facebook. The Call for Participants notice outlined the study’s participant inclusion criteria, provided the link to the online survey, and asked for the study’s link to be circulated amongst other individuals who might be willing to take part. Participants were told that the study was looking into individuals’ experiences of a romantic partner’s infidelity whilst in a committed relationship.

The study was conducted online through the use of www.Surveymonkey.com. Participants accessed the study through the Web link provided on the recruitment advert. The study was then completed by participants on their own computers at the location and time of their choice.

Sample size and power analysis. When determining the sample size needed to test how well attachment orientations (predictor variables) predict specific coping strategies (outcome variables), it is important to take the effect size into consideration. An effect size is a measure of the strength of the phenomenon being studied, or, in other words, the magnitude of a relationship (Kelley & Preacher, 2012). Miles and Shevlin’s (2001) graph was used to determine the total sample size needed to achieve a medium effect size (Cohen’s $d = 0.5$; Cohen, 1988) with a 6-predictor regression model. This guideline suggested a total sample size of 100 participants (Cohen’s $d = (x-x)/SD$; Cohen, 1988).

Participant sample size and description. Data for the present study consist of adults aged 18 to 68 who had the experience of a romantic partner engaging in infidelity. Only individuals, not couples, were studied. Inclusion criteria for the study were (a) the partner's infidelity constituted a violation of agreed-upon norms in the relationship vis-à-vis emotional or sexual exclusivity; (b) the primary relationship lasted a minimum of one year prior to the occurrence of the infidelity. This first inclusion criterion is based on the study's operationalised definition of infidelity, put forth by Blow and Hartnett (2005a), in order to improving consistency amongst the infidelity literature. As the study was interested in measuring coping responses to infidelity within a range of relationships, and not solely within marriages, the second criterion was set with the aim of ensuring that the infidelity took place within a committed relationship.

Four hundred and fifteen participants took part in the present study. Of this total, 21 participants did not meet the inclusion criteria. These participants were therefore not included within the exploratory and main analyses. Furthermore, 163 participants did not complete all of the study's measures. Following Tabachnick and Fidell's (2001) suggestion that only cases with complete data should be retained and used in data analyses, these participants were also excluded from the preliminary and main analyses. As a result, the data used for the present study consist of 231 participants. In order to determine whether participants who had completed some data differed from those who completed all data, descriptive differences and differences in key variables were measured.

Chi-square tests were conducted in order to identify any significant demographic differences amongst participants that had completed some data and those who completed all data. These tests revealed that participants' demographics did not significantly differ by

completed versus non-completed data. Differences between key variables are discussed within the results section of this paper.

The sample had a mean age of 34.78 ($SD=12.09$) and consisted of 51 (22.1%) males and 180 (77.9%) females. Participants varied in their educational, religious, and ethnic backgrounds. The majority of participants held an A-level degree or higher (62.3%). Half were Christian (52.4%), while 32.5% were non-religious, and 5.2% were Muslim. Participants' ethnicity included 65.8% White, 17.8% African or Caribbean, and 7.7% Asian background. Participants resided within 18 different countries, with the majority living in the United Kingdom (50.2%) and the United States (36.4%).

When describing the type of relationship in which the infidelity occurred, 45% reported being married to their partner. The remaining participants were dating (30.7%), cohabiting (17.3%), or engaged (6.9%) to their partner when he/she committed the infidelity. Less than half (44.2 %) of the participants reported that they were still in a relationship with the partner who engaged in the infidelity, and 17.7% of participants stated that they also engaged in infidelity within the same relationship.

Participant description of a partner's type of infidelity (emotional, sexual, or both), the emotional involvement type of the infidelity, and the sexual-involvement type of the infidelity are displayed in Tables 3.1, 3.2, and 3.3 respectively.

Table 3.1

Partners' Type of Infidelity

Infidelity Type	Frequency	Percent
Entirely sexual	28	12.1
Mainly sexual	47	20.3
More sexual than emotional	76	32.9
More emotional than sexual	52	22.5
Mainly emotional	17	7.4
Entirely emotional	11	4.8

Table 3.2

Partners' Type of Emotional Involvement Within Infidelity

Emotional Involvement Type	Frequency	Percent
No emotional involvement	19	8.2
Slight emotional involvement	57	24.7
Moderate emotional involvement	57	24.7
Strong emotional involvement	60	26
Extremely deep emotional involvement	38	16.5

Table 3.3

Partners' Type of Sexual Involvement Within Infidelity

Sexual Involvement Type	Frequency	Percent
No sexual or physical involvement	17	7.4
Kissing	13	5.6
Hugging and caressing	9	3.9
Petting	2	0.9
Sexually intimate without intercourse	26	11.3
Sexual intercourse	164	71

Research Design

The current research is a cross-sectional study. Data were collected from a population at a specific point in time in order to investigate the between-subjects effects between attachment and coping strategies in relation to memories of coping with partner infidelity.

Attachment-coping strategies are associated with psychological distress (e.g., Lopez et al., 2001; Mikulincer & Florian, 1998; Wei et al., 2003) and with relationship satisfaction (e.g., Bayley et al., 2009; Collins & Feeney, 2000). Based on these findings, the study controlled for potential confounding variates, including memories of depression, anxiety, and stress in relation to post-discovery of partner infidelity, and memories of relationship satisfaction in relation to pre-discovery of partner infidelity.

Measures

Adult attachment. *Experiences in Close Relationships-Revised* (ECR-R; Fraley, Waller, & Brennan, 2000) is a 36-item self-report measure of attachment in adult romantic relationships that contains two 18-item subscales: attachment anxiety and attachment avoidance. Items are scored on a Likert rating scale from 1 (Strongly Disagree) to 7 (Strongly Agree).

The anxiety attachment scale represents the extent to which an individual feels insecure versus secure regarding the availability and responsiveness of partners (Fraley et al., 2000). Higher scores indicate higher levels of attachment insecurity, whilst lower scores represent higher levels of attachment security. Sample items for the measurement of attachment anxiety include: *I'm afraid that I will lose my partner's love; I often worry that my partner will not want to stay with me, and When my partner is out of sight, I worry that he or she might become interested in someone else.*

The avoidance attachment scale describes the extent to which an individual feels uncomfortable being close to romantic partners versus how secure an individual feels in depending on his/her romantic partner (Fraley et al., 2000). Higher scores represent higher levels of avoidance of closeness, whilst lower scores indicate higher levels of security with being close. Items measuring attachment avoidance include: *I prefer not to show a partner how I feel deep down; I find it difficult to allow myself to depend on romantic partners, and I get uncomfortable when a romantic partner wants to be very close.*

The Cronbach alpha coefficients for internal reliability are reported to be near or above .90, and test-retest coefficients are reported to be between .50 and .75, with little correlation between the two scales of anxiety and avoidance in most samples (Mikulincer &

Shaver, 2007). In the current sample, the internal consistency of attachment anxiety ($\alpha = .93$) and attachment avoidance ($\alpha = .92$) were excellent.

The Experiences in Close Relationships (ECR-R) component was scored by averaging the scores of 18 items that loaded into each of the two subscales, resulting in individual attachment anxiety scores and attachment avoidance scores. Possible scores for each subscale range from 0 - 7. Range in the present sample was 1 - 6.67 for attachment-related anxiety ($M = 3.73$) and 1 - 6.5 for attachment-related avoidance ($M = 3.28$).

Coping. *The Ways of Coping Questionnaire* (WOC) (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986) is a self-report measure that assesses thoughts and behaviours used to cope with stressful encounters. The measure includes eight subscales, with the number of items ranging from four to eight. Each item is scored from 0 (Does not apply or not used) to 3 (Used a great deal). The subscales of the WOC include: confrontive coping; distancing; self-controlling; seeking social support; accepting responsibility; escape-avoidance; planful problem solving; positive reappraisal. The scores of each scale represent the extent to which the specific coping strategy was used in a particular situation. Higher scores indicate higher-frequency use of the coping strategy, whilst lower scores indicate low or no use of the coping strategy.

Confrontive Coping describes “aggressive efforts to alter the situation and suggests some degree of hostility and risk-taking.” (Folkman & Lazarus, 1988, p. 8). Sample items include: *I expressed anger to the person(s) who caused the problem; I stood my ground and fought for what I wanted, and I took a big chance or did something very risky to solve the problem.* This subscale contains six items, with possible scores ranging from 0 - 18.

Distancing describes “cognitive efforts to detach oneself and to minimize the significance of the situation” (Folkman & Lazarus, 1988, p. 8). Sample items include: *I went on as if nothing had happened; I tried to forget the whole thing, and I didn't let it get to me; I refused to think too much about it.* The distancing subscale has six items, with possible scores ranging from 0 - 18.

Self-Controlling describes “efforts to regulate one's feelings and actions” (Folkman & Lazarus, 1988, p. 8). Sample items include: *I tried to keep my feelings to myself; I tried to keep my feelings about the problem from interfering with other things, and I thought about how a person I admire would handle this situation and used that as a model.* Self-Controlling has seven items, with possible scores ranging from 0 - 21.

Seeking Social Support describes “efforts to seek informational support, tangible support, and emotional support” (Folkman & Lazarus, 1988, p. 8). Sample items include: *Talked to someone about how I was feeling; I got professional help, and Talked to someone to find out more about the situation.* This subscale contains six items, with possible scores ranging from 0 - 18.

Accepting Responsibility acknowledges “one's own role in the problem with a concomitant theme of trying to put things right” (Folkman & Lazarus, 1988, p. 8). Sample items include: *Criticized or lectured myself; Realized I brought the problem on myself, and I apologized or did something to make up.* The accepting responsibility subscale contains four items. Possible scores range from 0 - 12.

Escape-Avoidance describes “wishful thinking and behavioural efforts to escape or avoid the problem. Items on this scale contrast with those on the Distancing scale, which suggest detachment” (Folkman & Lazarus, 1988, p. 8). Sample items include: *Had fantasies or wishes about how things might turn out; Tried to make myself feel better by eating,*

drinking, smoking, using drugs or medication, etc., and *Avoided being with people in general*.

This subscale has eight items, with possible scores ranging from 0 - 24.

Planful Problem Solving describes “deliberate problem-focused efforts to alter the situation, coupled with an analytic approach to solving the problem” (Folkman & Lazarus, 1988, p. 8). Sample items include: *I made a plan of action and followed it; I knew what had to be done, so I doubled my efforts to make things work*, and *I came up with a couple of different solutions to the problem*. This subscale contains six items, with possible scores ranging from 0 - 18.

Positive Reappraisal describes “efforts to create positive meaning by focusing on personal growth. It also has a religious dimension” (Folkman & Lazarus, 1988, p. 8). Sample items include: *Changed or grew as a person in a good way; I came out of the experience better than when I went in*, and *Found new faith*. The positive reappraisal subscale contains six items, with possible scores ranging from 0 - 21.

The reported Cronbach alpha coefficients for internal reliability for these eight scales range between .61 (Distancing) and .79 (Positive Reappraisal) (Folkman et al., 1986). The questionnaire’s validity and utility have received supporting evidence (Lazarus, 2006; Mikulincer & Florian, 2001; Skinner et al., 2003), and it has become a well established measure within the research field of attachment and coping (Hobdy, Hayslip, Kaminski, Crowley, Riggs, & York, 2007; & Ognibene & Collins, 1998). In the current sample, the internal consistency of confrontive coping ($\alpha = .57$), distancing ($\alpha = .75$) self-controlling ($\alpha = .50$); seeking social support ($\alpha = .78$); accepting responsibility ($\alpha = .60$); escape avoidance ($\alpha = .71$); planful problem solving ($\alpha = .67$), and positive reappraisal ($\alpha = .71$) ranged from poor to acceptable.

The Ways of Coping Questionnaire (WOC) was scored by summing the scores of items that loaded into each of the eight subscales. This scoring method resulted in eight individual coping scores for each coping strategy. The range in the present sample was 0 - 18 for confrontive coping ($M = 8.19$); distancing was 0 - 18 ($M = 5.12$); self-controlling was 1 - 19 ($M = 9.71$); seeking social support was 0 - 18 ($M = 9.50$); accepting responsibility was 0 - 12 ($M = 4.43$); escape avoidance was 0 - 24 ($M = 10.05$); planful problem solving was 0 - 18 ($M = 7.27$), and positive reappraisal was 0 - 21 ($M = 9.71$).

Psychological distress. *Depression Anxiety Stress Subscales-21* (DASS-21) (Henry & Crawford, 2005) is a 21-item self-report instrument that assesses the negative core symptoms of depression, anxiety, and stress. It is a shortened version of the 42-item self-report instrument *Depression Anxiety Stress Scales* (DASS) (Lovibond and Lovibond, 1995). The present study used this instrument for research purposes and not as a clinical assessment. The measure contains three seven-item subscales: depression, anxiety, and stress. Each item is scored from 0 (Did not apply to me at all) to 3 (Applied to me very much, or most of the time).

The Depression scale assesses low positive affectivity, including hopelessness, lack of interest/involvement, and anhedonia. Sample items for the measurement of depression include: *I couldn't seem to experience any positive feeling at all*; *I found it difficult to work up the initiative to do things*, and *I felt that I had nothing to look forward to*.

The Anxiety scale assesses physiological hyperarousal, such as autonomic arousal, situational anxiety, and subjective experience of anxious affect. Items measuring anxiety include: *I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)*; *I felt I was close to panic*, and *I was worried about situations in which I might panic and make a fool of myself*.

The Stress scale measures subjective distress, which includes difficulty relaxing, nervous arousal, and being easily upset/agitated. Sample items for the measurement of stress include: *I found it hard to wind down; I tended to overreact to situations, and I was intolerant of anything that kept me from getting on with what I was doing.*

The Cronbach alpha coefficients for internal consistency reported for these three scales are as follows: depression scale: .87 - .89, anxiety scale: .80 - .83, and stress scale: .89 - .91 (Henry et al., 2005). In the current sample, the internal consistency of depression ($\alpha = .92$), anxiety ($\alpha = .88$), and stress ($\alpha = .86$) ranged from good to excellent.

The Depression Anxiety Stress Subscales-21 (DASS) was scored by summing the scores of the 7 items that loaded into each of the three subscales, resulting in depression, anxiety, and stress scores. Possible scores for each subscale range from 0 - 21. Range in the present sample was 0 - 21 for depression ($M = 11.95$), anxiety ($M = 8.95$), and stress ($M = 11.63$).

Relationship satisfaction. *Relationship Assessment Scale (RAS)* (Hendrick, Dicke, Hendrick, 1998) is a brief self-report instrument that assesses subjective relationship satisfaction. The measure consists of seven items. Each item is rated on a five-point Likert scale; however, answers vary depending on the specific item (e.g., 0: Never; Poor; Hardly at all, and 5: Excellent; Very often; Completely). This questionnaire is suitable for use with any individual in an intimate relationship: married, cohabiting, engaged, or dating (Hendrick et al., 1998).

Respondents respond to sample items, including: *How well did your partner meet your needs?; In general, how satisfied were you with your relationship?; and How many problems were there in your relationship?*

The Cronbach alpha coefficients for internal reliability are reported to be .86 (Graham, Diebels, and Barnow; 2011). In the current sample, the internal consistency of the *RAS* ($\alpha = .84$) was good.

The Relationship Assessment Scale (RAS) was scored by calculating the mean of all items, resulting in one relationship satisfaction score. Possible scores range from 0 - 5. The range in the present sample was 1 - 5 ($M = 3.31$).

Procedure

Participants were presented with the study's Web link through the "Call for Participant" email or notice. Once clicking the Web link, participants were directed to the online survey hosted by www.SurveyMonkey.com and led through the following procedure:

- 1) Presented with an Information Form (see Appendix A) and required to indicate whether they accepted to participate on a Consent Form (see Appendix B)
- 2) Completed two forms on demographics (age, gender, ethnicity, religion, education level; see Appendix C) and infidelity-related questions (type of affair, relationship status, infidelity frequency, affair committed by one or both partners, negative life experiences) (see Appendix D).
- 3) Responded to the four questionnaires (See Appendices E, F, G, & H)
 - (1) *Experiences in Close Relationships* (ECR-R) (Fraley et al., 2000)
 - (2) *Ways of Coping Questionnaire* (WOC) (Folkman et al., 1986)
 - (3) *The Depression Anxiety Stress Subscales-21* (DASS-21) (Henry & Crawford, 2005)

(4) *Relationship Assessment Scale (RAS)* (Hendrick et al., 1998)

- 4) Participants were then presented with a Participant Debriefing form (see Appendix I), which provided a brief summary of the research background and aim. This form also provided participants with a Web link to the British Psychological Society's directory of chartered psychologists, where they could find contact details for psychologists from whom they could receive support if needed: <http://www.bps.org.uk/bpslegacy/dcp>. In addition, participants were provided with the phone number of Relate's telephone counselling service's booking line and a Web link of this service: <http://www.relate.org.uk/phone-online-counselling/index.html>. Finally, participants were provided the contact information for the researcher, the researcher's supervisor, and the University Research Ethics Committee in the event that participants wished to discuss study-related questions or concerns.

All participants were taken through the same procedure and were presented with the study's forms and questionnaires in the same order.

Ethical Considerations

Ethical approval. As required by the Department of Psychology at the University of East London, ethical approval was gained from the University of East London Ethics Committee prior to collecting data (see Appendices K and L).

Consent. Participants were presented with an online informed consent form (see Appendix B) and were required to indicate whether they agreed to participate. If participants clicked "yes", then they were directed to the study's first set of questions. If participants clicked "no", then they were directed to a page that thanked them for their time, asked if they would

be willing to share the survey link with people who might be willing to participate in the study, and notified them that they could exit from the Web page (see Appendix J).

Confidentiality. Participants were not asked to provide their names; thus, participant responses to self-report measures remained anonymous. Participants were, however, required to provide information on their demographics, as well as questionnaire data.

As participant names, were not collected, all participants were provided a unique participant identification number for data entry purposes. Access to data was limited to the researcher and the researcher's supervisor. Paper data were securely stored within locked locations, and electronic data were assigned security passwords. The research study was conducted through the use of www.Surveymonkey.com. At the time of the study, SurveyMonkey used SSL encryption to protect sensitive data as it moved along communication pathways between the participant's computer and SurveyMonkey's servers. SurveyMonkey policy is not to use the information collected from the research in any way, nor sell nor share the study's responses with third-party advertisers or marketers. SurveyMonkey stores its data in a SOC 2, Type II audited facility, staffed and surveyed.

In line with the British Psychological Code of Human Research Ethics (2011), the data will be held for seven years after the research has been completed and the results written. If the research is published, this will be extended for another seven years, starting from the date of publication. Data in electronic form will be destroyed via data erasure (a software-based method of overwriting data that completely destroys all prior information on a hard disk or other digital media). Data in paper form will be shredded.

Ethics. Whilst it was not expected that the study would present any physical or psychological harm to the participants, the questions in and of themselves may have brought up memories, thoughts, or feelings that would be considered uncomfortable, given the nature of the research. Whilst it was highly unlikely that this period would be considered clinically significant or enduring, such participants might have found it necessary to speak to a professional counsellor or psychologist about their experience with partner infidelity. Therefore, at the conclusion of the electronic survey, participants were provided with a Web link that directed them to the British Psychological Society's directory of chartered psychologists, where participants could find contact details of psychologists from whom they would be able to receive support if needed: <http://www.bps.org.uk/bpslegacy/dcp>. Participants were also provided with contact information for Relate, a UK-based national helpline for counselling services: <http://www.relate.org.uk/phone-online-counselling/index.html>. Finally, participants were provided with contact information for the researcher, researcher's supervisor, and the University Research Ethics Committee in the event that participants wished to discuss study-related questions or concerns.

Data Analytic Approach

This research study aimed to investigate whether attachment-related anxiety and attachment-related avoidance are significant predictors of coping strategies in relation to memories of coping with partner infidelity. In line with this study's post-positivist epistemological position, the researcher will attempt to falsify the following research hypotheses. This study therefore bases its analyses on the subsequent null hypotheses.

The study's research hypotheses were that, in relation to memories of coping with partner infidelity:

H(R)1: Lower attachment anxiety and lower attachment avoidance will significantly predict more seeking social support.

H(R)2: Lower attachment anxiety and lower attachment avoidance will significantly predict more planful problem solving.

H(R)3: Higher attachment anxiety will significantly predict less seeking social support

H(R)4: Higher attachment anxiety will significantly predict less positive reappraisal.

H(R)5: Higher attachment anxiety will significantly predict more escape avoidance.

H(R)6: Higher attachment anxiety will significantly predict more distancing.

H(R)7: Higher attachment anxiety will significantly predict more accepting of responsibility.

H(R)8: Higher attachment avoidance will significantly predict less seeking social support.

H(R)9: Higher attachment avoidance will significantly predict more distancing.

H(R)10: Higher attachment avoidance will significantly predict more self-controlling.

H(R)11: Higher attachment avoidance will significantly predict less confrontive coping.

The study's null hypotheses were that, in relation to memories of coping with partner infidelity:

H(0)1: Attachment anxiety and attachment avoidance will not significantly predict seeking social support scores.

H(0)2: Attachment anxiety and attachment avoidance will not significantly predict planful problem solving scores.

H(0)3: Attachment anxiety will not significantly predict seeking social support scores.

H(0)4: Attachment anxiety will not significantly predict positive reappraisal scores.

H(0)5: Attachment anxiety will not significantly predict escape avoidance scores.

H(0)6: Attachment anxiety will not significantly predict distancing scores.

H(0)7: Attachment anxiety will not significantly predict accepting responsibility scores.

H(0)8: Attachment avoidance will not significantly predict seeking social support scores.

H(0)9: Attachment avoidance will not significantly predict distancing scores.

H(0)10: Attachment avoidance will not significantly predict self-controlling scores.

H(0)11: Attachment avoidance will not significantly predict confrontive coping scores.

To determine whether attachment-related anxiety and attachment-related avoidance are significant predictors of cognitive and behavioural coping strategies in relation to memories of coping with partner infidelity, a series of separate hierarchical multiple linear regressions were conducted to assess the ability of the predictor variates: attachment-related anxiety and attachment-related avoidance to significantly predict each of the eight outcome variates: confrontive coping, distancing, self-controlling, seeking social support, accepting responsibility, escape-avoidance, playful problem solving, and positive reappraisal, whilst controlling for the covariates: depression, anxiety, stress, and relationship satisfaction. An alpha level of .05 was used for all statistical tests.

The study first conducted a preliminary analysis of the data. During this stage, an assessment of parametric assumptions was carried out by exploring the data for outliers, normally distributed data, homoscedasticity, interval data, and independence. Data distribution analyses rendered ambiguous results. Thus, in order to overcome the issue of conflicting normality results, and to enhance the likelihood of robust confidence intervals around

parameter estimates and significance tests of models (Efron & Tibshirani, 1993; DiCiccio & Efron, 1996), bootstrapping was conducted with the study's main statistical analyses (mean, correlation, and regression analyses).

In the next data analysis stage, the direction, size, and significance of relationships between predictor variates, outcome variates, and covariates were examined using bivariate correlations. A chi-squared test was performed to examine the relationships between continuous and binary variables.

Subsequently, hierarchical multiple regression analyses using forced-entry methods were conducted for each of the eight outcome variates, including confrontive coping, distancing, self-controlling, seeking social support, accepting responsibility, escape-avoidance, planful problem solving, and positive reappraisal scores. Forced-entry methods were used over stepwise methods, as it has been argued that the latter method runs the risk of over-fitting and under-fitting the model (Chatfield, 1995). The covariates were entered into the first block, including depression, anxiety, stress, and relationship satisfaction variates, and the predictor variates were entered into the second block, including attachment anxiety and attachment avoidance.

Finally, an assessment of the accuracy of the regression model was conducted in order to determine how well the model fit the observed data and whether the model can be generalised to other samples. This assessment entailed conducting case-wise diagnostic statistics and checking that the regression assumptions were met.

Chapter 4: Results

Introduction

The data from all questionnaires were collected and analysed using SPSS 20 with the aim of establishing the ability of the predictor variates: attachment anxiety and attachment avoidance to significantly predict each of the outcome variates: confrontive coping, distancing, self-controlling, seeking social support, accepting responsibility, escape-avoidance, planful problem solving, and positive reappraisal, whilst controlling for the covariates: depression, anxiety, stress, and relationship satisfaction, in relation to memories of coping with partner infidelity.

Preliminary Data Analysis

In this section, we will discuss the assessment of parametric assumptions during which the data were explored for outliers, normally distributed data, homoscedasticity, interval data, and independence. An additional analysis of assumptions for the regression models was carried out and is presented following the regression model results.

Data distribution. The attachment anxiety, attachment avoidance, WOC, DASS, and RAS scores were standardised in order to scan for outliers with absolute values greater than 3.29. None of the observed variables had standardised values greater than 3.29, and all the variables' standardised values fell within a normally distributed range, with 95% of cases consisting of absolute values less than 2. Consequently, no cases were removed.

Table 4.1 includes the mean, mean confidence interval levels, median, standard deviation, skewness, and kurtosis of the attachment anxiety, attachment avoidance, WOC, DASS, and RAS scores. The mean and confidence intervals in the table are based on bootstrapping. (The rationale for bootstrapping is given below.)

Table 4.1

Mean, Mean Confidence Intervals, Median, Standard Deviation, Skewness, and Kurtosis of ECR-R, DASS, RAS and WOC Scores

Variable	<i>M</i>	95% CI	<i>Mdn</i>	<i>SD</i>	SK	<i>SE</i>	Rku	<i>SE</i>
ECRRax	3.73	[3.57, 3.89]	3.72	1.25	-.12	.16	-.79	.32
ECRRav	3.28	[3.15, 3.42]	3.33	1.1	.28	.16	-.17	.32
CNFT	8.19	[7.68, 8.67]	8.0	3.67	-.0	.16	-.33	.32
DIST	5.12	[4.61, 5.67]	4.0	4.14	.82	.16	.19	.32
SCON	9.71	[9.19, 10.23]	10.0	3.76	.18	.16	-.28	.32
SUPP	9.49	[8.85, 10.20]	10.0	4.71	-.27	.16	-.72	.32
ARES	4.43	[4.09, 4.81]	4.0	2.9	.56	.16	-.11	.32
ESCP	10.0 5	[9.33, 10.81]	10.0	5.17	.12	.16	-.34	.32
PLAN	7.27	[6.78, 7.75]	7.0	3.97	.31	.16	-.38	.32
PREA	9.71	[9.07, 10.30]	10.0	4.62	.15	.16	-.33	.32
DASSdp	11.9 5	[11.01, 12.91]	12.0	6.58	-.16	.16	-1.17	.32
DASSax	8.95	[8.04, 9.83]	9.0	6.22	.2	.16	-1.02	.32
DASSst	11.6 3	[10.94, 12.36]	12.0	5.46	-.15	.16	-.71	.32

Variable	<i>M</i>	95% CI	<i>Mdn</i>	<i>SD</i>	SK	<i>SE</i>	Rku	<i>SE</i>
RAS	3.31	[3.20, 3.42]	3.43	.88	-.46	.16	-.32	.32

Note. $N = 231$. *M* = mean; CI = confidence interval; *Mdn* = median; *SD* = standard deviation; SK = skewness; *SE* = standard error; Rku = kurtosis; ECRRax = ECR-R attachment-related anxiety; ECRRav = ECR-R attachment-related avoidance; CNFT = confrontive coping; DIST = distancing; SCON = self-controlling; SUPP = seeking social support; ARES = accepting responsibility; ESCP = escape-avoidance; PLAN = planful problem solving; PREA = positive reappraisal; DASSdp = depression; DASSax = anxiety; DASSst = stress; RAS = relationship satisfaction.

Attachment anxiety, attachment avoidance, WOC, DASS, and RAS score sample distributions were primarily assessed through a visual evaluation of the variables' frequency histograms. All the observed variables are approximately symmetrically distributed and unimodal, apart from attachment-related avoidance, distancing, seeking social support, accepting responsibility, escape avoidance, depression, anxiety, and stress scores, which appeared to be moderately skewed.

The observed variates' distributions were also assessed through evaluating skewness and kurtosis values. Following Bulmer's (2003) suggestions for interpreting skewness, all of the observed variables are approximately skewed ($-.5 > \text{skewness} < .5$), apart from distancing and accepting responsibility, which are moderately skewed ($-1 > \text{skewness} < 1$). In order to determine whether the variables' skewness and kurtosis values deviate significantly from normality, the Curran, West, and Finch (1996) thresholds for skewness ($-2 > \text{skewness} < 2$)

and kurtosis ($-7 > \text{kurtosis} < 7$) were used. This demarcation showed that all of the observed variables did not deviate significantly from normal.

Finally, Kolmogorov-Smirnov tests with a Lilliefors significance level were used to measure the probability of normal distribution for the observed variables. The tests did not reject the null-hypothesis of normal distribution for attachment-related anxiety, attachment-related avoidance, escape-avoidance, and positive reappraisal scores, thus suggesting normally distributed sample distributions for these variables. The tests did, however, reject the null hypothesis of normal distribution for depression, anxiety, stress, relationship satisfaction, and the remaining WOC subscale scores, thus suggesting non-normally distributed sample distributions for these variates (see Table 4.2 and 4.3).

Table 4.2

Kolmogorov-Smirnov Test with a Lilliefors Significance Level for ECR-R, DASS and RAS Scores

ECR-R anxiety	ECR-R avoidance	Depression	Anxiety	Stress	Relationship Satisfaction
.063	.065	.000	.000	.042	.000

Note. ECRRax = ECR-R attachment-related anxiety; ECRRav = ECR-R attachment-related avoidance.

Table 4.3

Kolmogorov-Smirnov Test with a Lilliefors Significance Level for WOC Scores

CNFT	DIST	SCON	SUPP	ARES	ESCP	PLAN	PREA
.002	.000	.000	.000	.000	.200*	.006	.082

Note. *Lower bound of true significance. CNFT = confrontive coping; DIST = distancing; SCON = self-controlling; SUPP = seeking social support; ARES = accepting responsibility; ESCP = escape-avoidance; PLAN = planful problem solving; PREA = positive reappraisal

The data distribution analyses rendered ambiguous results. Whereas Curran et al.'s (1996) criteria for univariate normality suggest normal distribution for all of the observed variables, the Kolmogorov-Smirnov tests suggest non-normal distribution for the majority of the observed variables.

A review of the literature on the potential causes of ambiguity between normality tests showed that differences in results amongst these tests are common and can be the result of several factors (Micceri, 1989; De Carlo, 1997). For example, an identified limitation of the Kolmogorov-Smirnov test includes the likelihood of rejecting slightly deviated variables from normality as sample size increases, which can result in incorrect probabilities (Field, 2005).

Moreover, it was found that the prevalence of normality amongst real-world distributions has been questioned (Pearson, 1895; Geary, 1947), and it has been suggested that real normally distributed psychological data are rare (Micceri, 1989). This non-normality within the psychology literature could be the result of various factors (Nunnally, 1978; Micceri, 1989). When considering the implications of these factors for the current study, it is possible that the ambiguity amongst our normality tests is due to the existence of different attitudes and

abilities within undefined subpopulations within our target population, ceiling or floor effects, and/or average correlations amongst items of each measurement.

In order to evaluate the potential impact of the observed variables' distributions on the accuracy of this study's results, the robustness of the parametric tests was considered. Whilst there does not appear to be a clear consensus on this topic, according to Micceri (1989, pg. 3), "parametric statistics exhibit robustness or conservatism with regard to alpha in a variety of nonnormal conditions given large and equal sample sizes". As the current study meets both of these conditions, it could be deduced that parametric tests using the observed variables will produce robust alphas.

However, in response to the conflicting distribution normality results, the current study wanted to take extra caution in reducing the potential impact of any bias. The application of normalising transformations was considered; however, it was decided not to use this method due to interpretation limitations; for example, the mean value of the transformed data is not the mean value of the untransformed data (Pearson & Please, 1975), and because transformations often do not correct data distribution issues (Wright & Field, 2009). The use of non-parametric measures was also considered; however, these measures are considered to be less sensitive, to use less information, and to be less efficient than corresponding parametric measures (Bluman, 2011).

Nevertheless, the researcher did find literature that suggested that when parametric assumption inferences such as normality are in doubt, bootstrapping procedures are recommended "as an indirect method to assess the distribution properties of the distribution underlying the sample and the parameters of interest that are derived from this distribution"

(Adèr & Mellenbergh, 2008, pg. 373). Furthermore, it is argued that this approach is superior to normalising transformations and to the use of alternative non-parametric tests (Wright & Field, 2009). Thus, in order to overcome the issue of conflicting normality results, and therefore to enhance the likelihood of robust confidence intervals around parameter estimates and significance tests of models, bootstrapping was conducted with the mean, correlation, ANOVA, and regression analyses.

As mentioned within the method section, 163 participants did not complete the whole study. Following Tabachnick and Fidell's (2001) suggestion that only cases with complete data be retained and used in data analyses, these participants were excluded from the preliminary and main analyses. However, in order to determine whether significant differences exist between the scores of the participants who completed some data from those that completed all data, independent t-tests were conducted on the study's variables. These results revealed that of the 163 participants who did not complete the entire study, only 32 of these individuals completed the first measure (Experiences in Close Relationships-Revised; Fraley et al., 2000). Out of these 32 remaining participants, only 11 completed the second measure (Way of Coping; Folkman et al., 1986). None of these 11 participants however completed the fourth measure (Depression Anxiety Stress Subscales-21; Henry & Crawford, 2005) and fifth measure (Relationship Assessment Scale; Hendrick et al., 1998). Independent t-tests revealed a significant effect for escape avoidance, $t(241) = 1.67, p = .04$. Participants with complete data received higher scores than participants with incomplete data. However, the incomplete sample size ($n=11$) is very small and therefore may not be a true reflection of differences between these two groups.

Homoscedasticity. In order to assess whether the data meet the assumption of homoscedasticity, graphs plotting regression standardised residuals against regression standardised predicted values were produced and analysed for each observed variable. All the graphs show random and evenly dispersed points, apart from the distancing variable, indicating that the assumptions of homoscedasticity have been met for these variables.

Interval Data. All data were measured at the interval level, with no variability between the points of the scale.

Independence. As participants took part in the study independently, it can be assumed that errors in the model are not related to each other.

Effect Sizes and Confidence Intervals. Bootstrapping was computed with the mean, correlation, ANOVA, and regression analyses with a 95% bias-corrected and accelerated (BCa) confidence interval and 1,000 bootstrap samples. Effect sizes were calculated for the main regression analyses using Cohen's f^2 for hierarchical multiple regression.

Bivariate Correlations

Pearson's correlation coefficient test was carried out to establish the direction, size, and significance of relationships between predictor variates, outcome variates, and covariates (see Tables 4.1 and 4.2). The confidence intervals and significance values in the tables are based on bootstrapping. The results reveal significant relationships between the predictor variables and outcome variables, as well as between the covariates and outcome variables.

Specifically, the results indicate that attachment-related anxiety was significantly, positively correlated with confrontive coping, self-controlling, accepting responsibility, and escape avoidance. Moreover, attachment-related anxiety was negatively correlated with positive reappraisal. Attachment-related avoidance was significantly, positively correlated with distancing and accepting responsibility. In addition, attachment-related avoidance was significantly negatively correlated with confrontive coping, seeking social support, planful problem solving, and relationship-satisfaction scores. Furthermore, the covariates—depression, anxiety, and stress scores—were significantly positively correlated with attachment-related anxiety, confrontive coping, self-controlling, seeking social support, accepting responsibility, and escape avoidance, and they have a significant negative relationship with distancing. Relationship satisfaction scores were significantly negatively correlated with attachment-related avoidance and positively correlated with self-controlling, accepting responsibility, and escape avoidance.

Table 4.4

Pearson's Correlation Coefficient of ECR-R, WOS, DASS, and RAS variables

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. ECRRax	—	.38**	.16*	.10	.14*	.12	.36**	.39**	-.06	-.14*	.43**	.38**	.31**	-.02
2. ECRRav		—	-.13*	.18**	-.06	-.16*	.14*	.13	-.15*	-.11	.12	.03	.03	-.23**
3. CNFT			—	0.04	.32**	.48**	.44**	.50**	.37**	.30**	.34**	.33**	.42**	.10
4. DIST				—	.40**	-.08	.23**	.17**	.26**	.26*	-.19*	-.13*	-.20*	-.03
5. SCON					—	.20**	.39**	.45**	.44**	.29**	.23**	.30**	.23**	.22**
6. SUPP						—	.24**	.27**	.27**	.35**	.28**	.28**	.30**	.03
7. ARES							—	.53**	.35**	.30**	.31**	.36**	.31**	.14*
8. ESCP								—	.15**	.19**	.56**	.56**	.54**	.20**
9. PLAN									—	.57**	-.02	.08	.08	.07
10. PREA										—	.01	.07	.10	-.05
11. DASSdp											—	.78**	.78**	.10
12. DASSax												—	.77**	.14*
13. DASSst													—	.05
14. RAS														—

Note. $N = 231$; ECRRax = attachment-related anxiety; ECRRav = attachment-related avoidance; CNFT = confrontive coping; DIST = distancing; SCON = self-controlling; SUPP = seeking social support; ARES = accepting responsibility; ESCP = escape-avoidance; PLAN = planful problem solving; PREA = positive reappraisal; DASSdp = depression; DASSax = anxiety; DASSst = stress; RAS = relationship satisfaction. * $p < .05$, ** $p < .001$.

Table 4.5

Pearson's Correlation Coefficient 95% Confidence Intervals of ECR-R, WOS, DASS, and RAS Variables.

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. ECR _{Rax}	—	[0.26, 0.49]	[0.03, 0.28]	[-0.03, 0.22]	[0.00, 0.27]	[-0.01, 0.24]	[0.25, 0.47]	[0.27, 0.50]	[-0.19, 0.07]	[-0.27, -0.01]	[0.32, 0.53]	[0.27, 0.49]	[0.19, 0.42]	[-0.10, 0.17]
2. ECR _{Rav}		—	[-0.26, -0.00]	[0.07, 0.30]	[-0.16, 0.06]	[-0.28, -0.03]	[0.01, 0.27]	[0.01, 0.24]	[-0.28, -0.01]	[-0.25, 0.02]	[-0.02, 0.26]	[-0.09, 0.16]	[-0.09, 0.16]	[-0.36, -0.08]
3. CNFT			—	[-0.11, 0.19]	[0.17, 0.46]	[0.37, 0.59]	[0.33, 0.54]	[0.39, 0.58]	[0.24, 0.49]	[0.15, 0.43]	[0.21, 0.46]	[0.19, 0.45]	[0.30, 0.52]	[-0.04, 0.24]
4. DIST				—	[0.23, 0.49]	[-0.20, 0.05]	[0.10, 0.35]	[0.03, 0.30]	[0.13, 0.39]	[0.13, 0.40]	[-0.32, -0.07]	[-0.26, -0.01]	[-0.33, -0.07]	[-0.14, 0.10]
5. SCON					—	[0.08, 0.32]	[0.24, 0.50]	[0.34, 0.57]	[0.32, 0.55]	[0.16, 0.42]	[0.09, 0.36]	[0.17, 0.42]	[0.09, 0.37]	[0.11, 0.34]
6. SUPP						—	[0.10, 0.36]	[0.13, 0.40]	[0.15, 0.38]	[0.20, 0.47]	[0.16, 0.40]	[0.14, 0.40]	[0.17, 0.43]	[-0.11, 0.18]
7. ARES							—	[0.41, 0.64]	[0.21, 0.48]	[0.16, 0.43]	[0.17, 0.42]	[0.24, 0.48]	[0.20, 0.42]	[0.02, 0.26]
8. ESCP								—	[0.01, 0.28]	[0.04, 0.34]	[0.47, 0.66]	[0.46, 0.65]	[0.44, 0.64]	[0.06, 0.32]
9. PLAN									—	[0.47, 0.66]	[-0.15, 0.11]	[-0.06, 0.21]	[-0.05, 0.22]	[-0.06, 0.20]
10. PREA										—	[-0.11, 0.13]	[-0.06, 0.20]	[-0.04, 0.23]	[-0.18, 0.07]
11. DASS _{dp}											—	[0.72, 0.83]	[0.71, 0.83]	[-0.04, 0.24]

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14
12. DASSax												—	[0.71, 0.81]	[0.00, 0.27]
13. DASSst													—	[-0.10, 0.18]
14. RAS														—

Note. $N = 231$; ECRRax = attachment-related anxiety; ECRRav = attachment-related avoidance; CNFT = confrontive coping; DIST = distancing; SCON = self-controlling; SUPP = seeking social support; ARES = accepting responsibility; ESCP = escape-avoidance; PLAN = planful problem solving; PREA = positive reappraisal; DASSdp = depression; DASSax = anxiety; DASSst = stress; RAS = relationship satisfaction.

Due to the significant correlations amongst all predictor, outcome, and covariates, all of these variates were included within the main regression analyses.

Chi-Square Test

Based on Miller & Maner's (2008) observation of gender differences in response to imagined infidelity, a chi-square test of independence was performed to examine the relationship between gender and the scores of ECR-R, WOC, DASS, and RAS (see table 4.3). The relationship between these variables was non-significant. As a result, gender was not included as a covariate within the regression analyses.

Table 4.6

Pearson Chi-Square Values Applied to Gender related to ECR-R, WOS, DASS, and RAS Scores

Variable	Chi-square	<i>DF</i>	<i>p</i>
ECRRax	76.77	74	.39
ECRRav	87.31	84	.38
CNFT	22.80	18	.20
DIST	20.65	18	.30
SCON	16.60	18	.55
SUPP	25.135	18	.12
ARES	12.18	12	.43
ESCP	21.35	23	.56
PLAN	20.67	17	.24
PREA	22.47	21	.37
DASSdp	31.90	21	.06
DASSax	19.70	21	.54
DASSst	30.98	21	.07

Variable	Chi-square	<i>DF</i>	<i>p</i>
RAS	31.40	28	.30

Note. *N* = 231. *DF* = degrees of freedom; *p* = probability; ECRRax = attachment-related anxiety; ECRRav = attachment-related avoidance; CNFT = confrontive coping; DIST = distancing; SCON = self-controlling; SUPP = seeking social support; ARES = accepting responsibility; ESCP = escape-avoidance; PLAN = planful problem solving; PREA = positive reappraisal; DASSdp = depression; DASSax = anxiety; DASSst = stress; RAS = relationship satisfaction.

Multiple Regression Analyses

To examine whether attachment anxiety and attachment avoidance are significant predictors of coping strategies in relation to memories of coping with partner infidelity, 12 multiple regression analyses were conducted. Tables 4.4 to 4.7 present the regression analyses results for each dependent variable. In order to overcome the issue of conflicting normality results, and therefore to enhance the likelihood of robust confidence intervals around parameter estimates and significance tests of models (Efron & Tibshirani, 1993; DiCiccio & Efron, 1996), bootstrapping was conducted. Thus, confidence intervals, standard errors, and *p* values in the tables are based on bootstrapping.

Table 4.7
Hierarchical Multiple Regression Analyses Predicting Escape Avoidance and Confrontive Coping

Variable	ΔR^2	<i>t</i>	β	<i>b</i>	95% CI	SE <i>B</i>	f^2	<i>p</i>	Variable	ΔR^2	<i>t</i>	β	<i>b</i>	95% CI	SE <i>B</i>	f^2	<i>p</i>
<i>Dependent variable (DV): Escape avoidance</i>									<i>Dependent variable (DV): Confrontive Coping</i>								
Step 1: covariates	.38						.61	.000	Step 1: covariates	.18						.22	.000
DAS depression		2.60	.24	.19	[0.06, 0.33]	.07		.009	DAS depression		.34	.04	.02	[-0.10, 0.14]	.06		.748
DAS anxiety		2.18	.2	.17	[0.01, 0.33]	.08		.044	DAS anxiety		-.17	-.02	-.01	[-0.16, 0.14]	.07		.880
DAS stress		2.15	.20	.19	[0.01, 0.34]	.08		.025	DAS stress		3.77	.40	.27	[0.11, 0.40]	.08		.001
Relationship Satisfaction		2.58	.14	.81	[0.24, 1.37]	.30		.008	Relationship Satisfaction		1.36	.08	.35	[-0.40, 0.44]	.28		.211
Step 2: main effects ($\Delta F=5.88$)	.41						.69	.000	Step 2: main effects ($\Delta F=3.59$)	.21						.26	.030
Attachment anxiety		2.45	.15	.63	[0.12, 1.15]	.26		.018	Attachment anxiety		1.47	.11	.31	[-0.09, 0.77]	.21		.150
Attachment avoidance		1.30	.08	.36	[-0.11, 0.78]	.23		.126	Attachment avoidance		-2.63	-.18	-.59	[-1.07, -0.16]	.23		.006

Note. *N* = 231; CI = confidence interval.

Table 4.8
Hierarchical Multiple Regression Analyses Accepting Responsibility and Seeking Social Support

Variable	ΔR^2	t	β	b	95% CI	SE B	f^2	p	Variable	ΔR^2	t	β	b	95% CI	SE B	f^2	p
<i>Dependent variable (DV): Accepting Responsibility</i>									<i>Dependent variable (DV): Seeking social support</i>								
Step 1: covariates	.14						.16	.000	Step 1: covariates	.10						.11	.000
DAS depression		.20	.02	.01	[-0.10, 0.12]	.18		.867	DAS depression		.66	.07	.05	[-0.12, 0.23]	.09		.582
DAS anxiety		2.45	.27	.12	[0.03, 0.23]	.05		.020	DAS anxiety		.65	.07	.05	[-0.15, 0.24]	.10		.581
DAS stress		.81	.09	.05	[-0.06, 0.15]	.05		.399	DAS stress		1.73	.19	.17	[-0.05, 0.39]	.11		.132
Relationship Satisfaction		1.60	.10	.33	[-0.07, 0.70]	.05		.102	Relationship Satisfaction		.07	.00	.02	[-0.72, 0.74]	.37		.950
Step 2: main effects ($\Delta F=9.29$)	.21						.27	.000	Step 2: main effects ($\Delta F=5.05$)	.14						.16	.007
Attachment anxiety		3.45	.25	.57	[0.24, 0.91]	.17		.002	Attachment anxiety		1.27	.10	0.359	[-0.15, 0.86]	.26		.179
Attachment avoidance		1.11	.07	.20	[-0.16, 0.53]	.18		.281	Attachment avoidance		-3.18	-.22	-.96	[-1.50, -0.38]	.28		.002

Note. $N=231$; CI = confidence interval.

Table 4.9
Hierarchical Multiple Regression Analyses Predicting Distancing and Positive Reappraisal

Variable	ΔR^2	<i>t</i>	β	<i>b</i>	95% CI	SE <i>B</i>	f^2	<i>p</i>	Variable	ΔR^2	<i>t</i>	β	<i>b</i>	95% CI	SE <i>B</i>	f^2	<i>p</i>
<i>Dependent variable (DV): Distancing</i>									<i>Dependent variable (DV): Positive reappraisal</i>								
Step 1: covariates	.05						.05	.020	Step 1: covariates	.02						.02	.248
DAS depression		-1.23	-.14	-.09	[-0.21, 0.06]	.07		.212	DAS depression		-1.59	-.18	-.13	[-0.29, 0.02]	.07		.083
DAS anxiety		1.09	.12	.08	[-0.07, 0.23]	.08		.267	DAS anxiety		.78	.09	.07	[-0.09, 0.23]	.08		.419
DAS stress		-1.65	-.19	-.14	[-0.30, 0.02]	.08		.079	DAS stress		1.50	.17	.15	[-0.04, 0.34]	.10		.129
Relationship Satisfaction		-.31	-.02	-.10	[-0.65, 0.49]	.29		.756	Relationship Satisfaction		-.82	-.06	-.29	[-0.96, 0.38]	.35		.410
Step 2: main effects ($\Delta F=7.06$)	.11						.12	.000	Step 2: main effects ($\Delta F=3.46$)	.05						.05	.030
Attachment anxiety		1.93	.15	0.49	[-0.04, 0.99]	.26		.058	Attachment anxiety		-1.89	-.15	-.55	[-1.12, -0.02]	.29		.052
Attachment avoidance		2.27	.16	.61	[0.12, 1.17]	.26		.023	Attachment avoidance		-.99	-.07	-.31	[-0.93, 0.31]	.31		.312

Note. *N* = 231; CI = confidence interval.

Table 4.10
Hierarchical Multiple Regression Analyses Predicting Self-Controlling and Planful Problem Solving

Variable	ΔR^2	t	β	b	95% CI	SE B	f^2	p	Variable	ΔR^2	t	β	b	95% CI	SE B	f^2	p
<i>Dependent variable (DV): Self-controlling</i>									<i>Dependent variable (DV): Planful problem solving</i>								
Step 1: covariates	.12						.14	.000	Step 1: covariates	.04						.04	.050
DAS depression		-.16	-.02	-.01	[-0.13, 0.12]	.06		.881	DAS depression		-2.61	-.30	-.18	[-0.31, -0.05]	.27		.004
DAS anxiety		2.39	.26	.16	[0.02, 0.28]	.07		.020	DAS anxiety		1.35	.15	.10	[-0.04, 0.24]	.07		.181
DAS stress		.33	.04	.03	[-0.12, 0.18]	.08		.744	DAS stress		1.72	.20	.14	[-0.02, 0.29]	.07		.070
Relationship Satisfaction		2.94	.19	.80	[0.26, 1.32]	.26		.004	Relationship Satisfaction		1.04	.07	.31	[-0.26, 0.89]	.08		.281
Step 2: main effects ($\Delta F=3.12$)	.13						.15	.732	Step 2: main effects ($\Delta F=1.63$)	.05						.05	.200
Attachment anxiety		.68	.05	0.15	[-0.33, 0.64]	.25		.550	Attachment anxiety		-.26	-.02	-.06	[-0.56, 0.43]	.25		.786
Attachment avoidance		-.63	-.04	-.15	[-0.59, 0.31]	.23		.494	Attachment avoidance		-1.56	-.11	-.41	[-1.01, 0.18]	.31		.181

Note. $N=231$; CI = confidence interval.

H(0)5: Attachment anxiety will not significantly predict escape avoidance scores.

Two separate hierarchical regressions were conducted using forced-entry methods to evaluate the predictive nature of attachment anxiety and attachment avoidance on escape avoidance. Covariates of depression, anxiety, stress, and relationship satisfaction were added in Step 1. Step 2 main effects (attachment avoidance, attachment anxiety) were mean centred, which was achieved by subtracting the variables' mean from each of its scores in order to improve the interpretability of the regression equations (Aiken & West, 1991). The dependent variable was escape avoidance.

Step 2 main effects were significant. Attachment anxiety significantly predicted escape avoidance scores, $b = .63$, $t = 2.45$, $p = .018$. Attachment avoidance and anxiety also made a significant contribution to the variance in escape-avoidance scores $R^2 = .41$, $p = .000$. These results suggest that attachment anxiety and attachment avoidance accounted for 41% of the variance in escape-avoidance scores. Specifically, attachment anxiety significantly positively predicted escape-avoidance scores. Therefore, the null hypothesis H(0)5 was rejected.

H(0)11: Attachment avoidance will not significantly predict confrontive coping scores.

Two separate hierarchical regressions were conducted using forced-entry methods to evaluate the predictive nature of attachment-related anxiety and attachment-related avoidance on confrontive coping. Covariates of depression, anxiety, stress, and relationship satisfaction were added in Step 1. Step 2 main effects (attachment avoidance, attachment anxiety) were mean centered. The dependent variable was confrontive coping.

Step 2 main effects were significant. Attachment avoidance significantly predicted confrontive coping scores, $b = -.59$, $t = -2.63$, $p = .006$. Attachment anxiety and avoidance also made a significant contribution to the variance in confrontive coping scores $R^2 = .21$, $p = .030$. These results suggest that attachment anxiety and attachment avoidance accounted for 21% of the variance in confrontive coping scores. Specifically, attachment avoidance significantly negatively predicted confrontive coping scores. Therefore, the null hypothesis $H(0)11$ was rejected.

H(0)7: Attachment anxiety will not significantly predict accepting responsibility scores.

Two separate hierarchical regressions were conducted using forced-entry methods to evaluate the predictive nature of attachment-related anxiety and attachment-related avoidance on accepting responsibility. Covariates of depression, anxiety, stress, and relationship satisfaction were added in Step 1. Step 2 main effects (attachment avoidance, attachment anxiety) were mean centred. The dependent variable was accepting responsibility.

Step 2 main effects were significant. Attachment anxiety significantly predicted accepting responsibility scores, $b = .57$, $t = 3.45$, $p = .002$. Attachment anxiety and avoidance also made a significant contribution to the variance in accepting responsibility scores $R^2 = .21$, $p = .000$. These results suggest that attachment anxiety and attachment avoidance accounted for 21% of the variance in accepting responsibility scores. Specifically, attachment anxiety significantly positively predicted accepting responsibility scores. Consequently, the null hypothesis $H(0)7$ was rejected.

H(0)1: Attachment anxiety and attachment avoidance will not significantly predict seeking

social support scores.

H(0)3: Attachment anxiety will not significantly predict seeking social support scores.

H(0)8: Attachment avoidance will not significantly predict seeking social support scores.

Two separate hierarchical regressions were conducted using forced-entry methods to evaluate the predictive nature of attachment anxiety score and attachment avoidance on seeking social support scores. Covariates of depression, anxiety, stress, and relationship satisfaction were added in Step 1. Step 2 main effects (attachment-related avoidance, attachment-related anxiety) were mean centred. The dependent variable was seeking social support.

Step 2 main effects were significant. Attachment avoidance significantly predicted seeking social support scores, $b = -.96$, $t = -3.18$, $p = .002$. Attachment avoidance also made a significant contribution to the variance in seeking social support scores $R^2 = .14$, $p = .007$. These results suggest that attachment anxiety and attachment avoidance accounted for 14% of the variance in seeking social support scores. Specifically, attachment avoidance significantly negatively predicted seeking social support scores. Therefore, the results failed to reject the null hypotheses H(0)1 and H(0)3. The null hypothesis H(0)8 was rejected.

H(0)6: Attachment anxiety will not significantly predict distancing scores.

H(0)9: Attachment avoidance will not significantly predict distancing scores.

Two separate hierarchical regressions were conducted using forced-entry methods to evaluate the predictive nature of attachment anxiety and attachment avoidance on distancing. Covariates of depression, anxiety, stress, and relationship satisfaction were added in Step 1.

Step 2 main effects (attachment avoidance, attachment anxiety) were mean centred. The dependent variable was distancing.

Step 2 main effects were significant. Attachment avoidance significantly predicted distancing scores, $b = .61$, $t = 2.27$, $p = .023$. Attachment anxiety and avoidance also made a significant contribution to the variance in distancing scores $R^2 = .11$, $p = .000$. These results suggest that attachment anxiety and attachment avoidance accounted for 11% of the variance in distancing scores. Specifically, attachment avoidance significantly positively predicted distancing scores. The results therefore failed to reject the null hypothesis $H(0)6$, and rejected the null hypothesis $H(0)9$.

H(0)4: Higher attachment anxiety will not significantly predict positive reappraisal scores.

Two separate hierarchical regressions were conducted using forced-entry methods to evaluate the predictive nature of attachment anxiety and attachment avoidance on positive-reappraisal scores. Covariates of depression, anxiety, stress, and relationship satisfaction were added in Step 1. Step 2 main effects (attachment avoidance, attachment anxiety) were mean centred. The dependent variable was positive reappraisal.

Step 2 main effects were significant. Attachment anxiety significantly predicted positive-reappraisal scores, $b = -.55$, $t = -1.89$, $p = .052$. Attachment anxiety also made a significant contribution to the variance in positive-reappraisal scores $R^2 = .05$, $p = .030$. These results suggest that attachment anxiety and attachment avoidance accounted for 5% of the variance in positive-reappraisal scores. Specifically, attachment anxiety significantly

negatively predicted positive-reappraisal scores. As a result, the null hypothesis $H(0)4$ was rejected.

H(0)10: Attachment avoidance will not significantly predict self-controlling scores.

Two separate hierarchical regressions were conducted using forced-entry methods to evaluate the predictive nature of attachment-related anxiety and attachment-related avoidance on self-controlling. Covariates of depression, anxiety, stress, and relationship satisfaction were added in Step 1. Step 2 main effects (attachment-related avoidance, attachment-related anxiety) were mean centred. The dependent variable was self-controlling. Step 2 main effects were non-significant. The results therefore failed to reject the null hypothesis $H(0)10$.

H(0)2: Attachment anxiety and attachment avoidance will not significantly predict playful problem-solving scores.

Two separate hierarchical regressions were conducted using forced-entry methods to evaluate the predictive nature of attachment-related anxiety and attachment-related avoidance on playful problem-solving scores. Covariates of depression, anxiety, stress, and relationship satisfaction were added in Step 1. Step 2 main effects (attachment avoidance, attachment anxiety) were mean centred. The dependent variable was playful problem solving. Step 2 main effects were non-significant. The results therefore failed to reject the null hypothesis $H(0)2$.

Assessment of Regression Models

An assessment of the accuracy of the regression model was conducted in order to determine how well the model fit the observed data and whether the model can be generalised to other samples.

Casewise diagnostics. In order to assess how well the model fit the observed data, several diagnostic statistics were conducted. Firstly, we attempted to detect outliers by standardising the models' residuals and scanning for unacceptable values. Whilst none of the variables had standardised residuals greater than 3.29, 2.2% of distancing's residuals, 2.6% of accepting responsibility residuals, and 1.3% of relationship satisfaction residuals had an absolute value greater than 2.58. To assess whether any of these cases could be causing excessive influence over the parameters of the model, Cook's distance was calculated. Using the Cook and Weisberg (1982) guidelines, no influential cases were found across all of the regression models.

To determine the level of influence of the observed value of the outcome variable over the predicted variables, average leverages were calculated. No cases having undue influence were identified when using Steven's (1992) cut-off points ($N = .09$). In addition, Mahalanobis distances were assessed by looking for values greater than 22.59 using the Bartlett & Lewis (1978) critical value guidelines. This also revealed no influential cases. From this set of diagnostics, it appears that the models are reliable and have not been influenced by any subset of cases. Consequently, no cases were removed.

Regression assumptions. To ensure that the underlying regression assumptions were met, the following were checked; variable types, non-zero variance, no perfect multicollinearity, uncorrelated predictors with external variables, homoscedasticity, independent errors, normally distributed errors, independence, and linearity.

Variable types and non-zero variance. All of the predictor variables are quantitative, and the outcome variables are quantitative, continuous, and unbounded. In addition, the predictors have variation in value. These factors, therefore, indicate that these assumptions have been met.

No perfect multicollinearity. To identify multicollinearity, variance inflation factors (VIF) and the tolerance statistics were assessed for each model. Using Myers' (1990) and Menard's (1995) recommendations for assessing VIF and the tolerance statistic respectively, no multicollinearity was identified across all of the models.

Homoscedasticity and linearity. As discussed, graphs plotting regression standardised residuals against regression standardised predicted values were produced and analysed for each observed variable. All of the graphs show random and evenly dispersed points indicating that the assumptions of homoscedasticity have been met for all variables.

In addition, normal probability plots (P-P plots) were also produced for each model. All variables had normal P-P plots. This suggests that the assumption of homoscedasticity and linearity have been met for all variables.

Independent errors. Durbin-Watson statistic was used to test for serial correlations between errors. This test revealed no values of concern when applying Durbin & Watson's (1951) demarcation criteria, thus suggesting that the assumption of independent errors has been met.

Normally distributed errors. To test for normal distribution of residuals, histograms and normal P-P plots were evaluated. All of the histograms and normal P-P plots displayed normally distributed residuals.

Independence. As discussed, it is believed that participants took part in the study independently. Thus, it can be deduced that errors in the models are not related to each other and that the assumption of independence has been met.

Cross-Validation of regressions models. The regression models were cross-validated using Stein's adjusted R^2 to assess how well the models derived from this study's sample can predict coping in different samples. Stein's adjusted R^2 formula was used instead of the adjusted R^2 values provided by SPSS using Wherry's formula, as it is argued that the former equation calculates a more valid adjusted R^2 (Stevens, 1992). As can be seen in Table 4.8, the adjusted R^2 values were similar to the observed values of R^2 , indicating that the cross-validity of the model is good.

Table 4.11

Comparison of the Observed Values of R^2 to the Adjusted Values of R^2

Variable	R^2	Stein's Adjusted R^2	% Shrinkage
Confrontive coping	.21	.17	3.87%
Seeking social support	.14	.10	4.21%
Distancing	.11	.07	4.36%
Accepting responsibility	.21	.17	3.87%

Variable	R^2	Stein's Adjusted R^2	% Shrinkage
Escape avoidance	.41	.38	2.89%
Positive reappraisal	.05	.003	4.65%
Self-controlling	.13	.09	4.26%
Planful problem solving	.05	.003	4.65%

Assessment of regression models summary. In summary, the models appear to meet the assumptions for regression and do not appear to contain undue influential cases. In addition, the cross-validity of the model is good. Therefore, it seems that the models are both accurate for the sample and that they are most likely generalisable to the population.

Chapter 5: Discussion

Overview and Summary of Findings

The purpose of this study was to investigate whether the attachment-related anxiety and attachment-related avoidance are significant predictors of coping strategies in relation to memories of coping with partner infidelity. This was achieved through conducting a cross-sectional quantitative study on the between-subjects effects of attachment and coping strategies. The predictions were tested with a series of multiple regression analyses performed on eight individual coping scores. In these analyses, attachment anxiety and attachment avoidance were entered as predictors whilst controlling for depression, anxiety, stress, and relationship satisfaction.

The study hypothesised that in relation to memories of coping with partner infidelity, higher attachment avoidance (avoidant attachment) would significantly predict lower seeking social support and confrontive coping scores, and higher distancing and self-controlling scores. In line with these hypotheses, attachment avoidance significantly predicted seeking social support, confrontive coping, and distancing. The higher a participant's attachment avoidance score was, the lower their seeking social support and confrontive coping scores were and the higher their distancing score was. The analyses, however, revealed no significant effect of attachment avoidance on self-controlling scores.

Furthermore, the study hypothesised that higher attachment anxiety (anxious attachment) would significantly predict higher accepting of responsibility, escape avoidance, and distancing scores, and lower positive reappraisal and seeking of social-support scores. In line with these hypotheses, attachment anxiety significantly predicted accepting responsibility,

escape avoidance, and positive reappraisal. The higher a participant's attachment anxiety score, the higher were the accepting responsibility and escape avoidance scores, and the lower was the positive reappraisal score. The effect of attachment anxiety on distancing was non-significant; however, it was approaching statistical significance ($p = .058$). The analyses revealed no significant effect of attachment anxiety on seeking social-support scores.

Lastly, the study hypothesised that lower attachment anxiety and lower attachment avoidance (secure attachment) would significantly predict higher seeking social support and planful problem-solving scores. In line with these hypotheses, the analyses revealed no significant effect of attachment anxiety on seeking social support or on planful problem solving.

General Discussion

Avoidant attachment. In response to partner infidelity, avoidantly attached individuals were less likely to seek tangible, informational, and emotional support. This finding suggests that when managing the distress caused by their partner's infidelity, avoidantly attached individuals are less likely to appraise proximity seeking as a viable option and, as a result, attempt to manage their distress autonomously. This finding is consistent with the secondary deactivating strategy in the Mikulincer et al. (2003) model of the activation and dynamics of the attachment system. As mentioned, this model integrates the concepts of Bowlby (1969/1982, 1973, 1980), Ainsworth (1991), Cassidy and Kobak (1988), and Main (1995) with the research literature on adult attachment.

Avoidantly attached individuals were also more likely to use strategies aimed at cognitively detaching themselves from, and minimising the importance of, their partner's

infidelity. This indicates that in order to manage the distress caused by a partner's infidelity, avoidantly attached individuals attempt to avoid threatening thoughts related to the infidelity. This finding is consistent with other studies which demonstrated that avoidantly attached individuals employ high levels of distancing in response to stressors (e.g. Holmberg et al., 2011; Campbell et al., 2001; Lussier et al., 1997). This finding is also in line with the secondary deactivating strategy in the Mikulincer et al. (2003) model which argues that avoidantly attached individuals use cognitive distancing strategies in order to prevent threatening thoughts from reactivating their defensively deactivated attachment system and compounding their distress.

Avoidantly attached individuals were less likely to behave in aggressive ways in order to change the situation relating to their partner's infidelity. Ein-Dor et al. (2011) suggest that due to their past cumulative experience of unavailable or rejecting attachment figures, avoidantly attached individuals construct a schema which possesses information on taking self-protective action aimed at either escaping a stressor ("flight") or taking action against the threat ("fight"). Whilst Ein-Dor et al. (2011) found that avoidantly attached individuals have greater accessibility to a "flight" schema in response to a threat, they were unable to observe "fight" or other problem-attacking responses. The current study's finding therefore offers new information on avoidantly attached individuals' use of coping strategies in response to a threat, suggesting that individuals with this attachment style use low levels of strategies aimed at "fighting" or taking action against their partner's infidelity.

The current study revealed no significant effect of attachment avoidance on self-controlling scores. The prediction that avoidantly attached individuals would attempt to control their emotional and behavioural reactions to their partner's infidelity was therefore not

supported. Although Mikulincer et al. (2003) argue that deactivating strategies cause avoidantly attached individuals to deny their attachment needs, including avoidance of dependence on others and attempts to be self-reliant and autonomous, Shaver and Mikulincer (2002) claim that “pre-emptive” and “post-emptive” distancing strategies cause feelings of vulnerability and distress to be avoided or repressed and suppressed. As self-controlling coping involves conscious and active attempts to keep feelings to oneself, it implies an acknowledgement and awareness of emotions. Thus, it is possible that the present study did not find a significant effect of attachment avoidance on self-controlling as avoidantly attached individuals high use of distancing inhibits them from attending to the thoughts and feelings associated with their partner’s infidelity.

Anxious attachment. The current study did not offer any conclusive evidence as to whether anxiously attached individuals cope with partner infidelity through seeking support. This is consistent with a number of other studies, which also failed to find a significant association between anxious attachment and seeking support (e.g. Holmberg et al. 2011, Mikulincer & Florian, 1995, 1998; Ognibene & Collins, 1998). It is however inconsistent with the Mikulincer et al. (2003) model which claims that anxiously attached individuals will use secondary hyperactivating strategies that involve insistent efforts to acquire attachment figures’ love, attention, and support. It is possible that anxiously attached individuals’ may desire their attachment figures’ affection and support when coping with the discovery of their partner’s infidelity. However, as previously mentioned, anxious attachment is associated with a fear of rejection and abandonment by attachment figures (Mikulincer et al., 2003) and with an intense negative emotional reaction to threats (Shaver & Mikulincer, 2002). It is therefore possible that when coping with partner infidelity, anxiously attached individuals do not seek support as they are already struggling with feelings of rejection, betrayal, and abandonment caused by the

infidelity, and fear that attempts to elicit support could be rejected, which could further compound their distress.

Instead, this study found that anxiously attached individuals were more likely to attempt to reduce their distress through wishful thinking and behavioural efforts aimed at escaping thoughts relating to the infidelity. Moreover, whilst the effect of attachment anxiety on distancing was non-significant, it was approaching statistical significance ($p = .058$). These findings therefore suggest that in response to partner infidelity, anxiously attached individuals are likely to use secondary deactivating strategies. Although the Mikulincer et al. (2003) model argues that secondary deactivating strategies are mainly used by avoidantly attached individuals, other research has also found that anxiously attached individuals use distancing strategies to cope with threats (Holmberg et al., 2011). Attachment theorists (e.g. Mikulincer et al., 2003) propose that avoidantly attached individuals use secondary deactivating strategies due to their belief that their proximity seeking bids will be rejected as a result of their experience of consistently rejecting attachment figures. Alternatively, it is argued that anxiously attached individuals use secondary hyperactivating strategies due to their apprehensive hope of receiving support as a result of their experience of inconsistent care. However, it is possible that when faced with the infidelity of a partner, anxiously attached individuals' feelings may cause them to not only fear further rejection but to also lose hope of achieving this desired support. Thus, like avoidantly attached individuals, they may appraise proximity seeking as a non-viable option and instead rely on secondary deactivating strategies.

Furthermore, anxiously attached individuals were more likely to take responsibility for their partner's infidelity. This finding could be seen to function as a result of an underlying negative inner working model of the self which results in the individual blaming themselves

for their attachment figure's inconsistent care (Bartholomew & Horowitz, 1991). It is also possible that by accepting responsibility for their partner's infidelity, anxiously attached individuals aim to indirectly elicit their partner's attention and support.

Finally, anxiously attached individuals were less likely to create positive meaning of their partner's infidelity. Whilst previous research has claimed that in response to difficult situations, securely attached individuals are likely to use coping strategies which promote psychological wellbeing and self-actualisation (Fredrickson, 2001; Mikulincer et al., 2003), this finding expands the literature by demonstrating that in response to their partner's infidelity, anxiously attached individuals are less likely to perceive the situation as an opportunity to personally change, develop in a positive way, or find faith.

Secure attachment. This study did not offer any conclusive evidence as to whether securely attached individuals cope with partner infidelity through seeking support. Previous studies found that when encountering relationship based stressors, securely attached individuals were able to use support seeking as an effective method to regulate their distress, which had the effect of improving their relationship attachment bond (Simpson et al., 1994; Simpson & Rholes, 2012). However, the current study's finding raises the question as to whether certain types of relationship threats or attachment injuries (Johnson et al., 2001) inhibit securely attached individuals' use of primary secure base strategies. Mikulincer et al. (2003) suggest that primary strategies are used after affirmatively answering the question "Is my attachment figure available?". It is possible that in the event of partner infidelity, securely attached individuals no longer appraise their partner as possessing the qualities needed to provide them with a sense of security, and therefore answer this question negatively.

The results also did not support the prediction that securely attached individuals would make problem-focused behavioural attempts and analytic efforts to alter the situation relating to their partner's infidelity. This is inconsistent with studies, which found an association between secure attachment and problem-focused coping (e.g. Lussier et al., 1997; Mikulincer & Florian, 1995; Mikulincer et al., 1993), however it is consistent with other studies, which have also failed to find a significant association (e.g. Berant, Mikulincer, & Florian, 2001; Holmberg et al., 2011). It is possible that the use of problem-focused coping amongst individuals is dependent on the type of threat rather than individual attachment differences.

Clinical Implications

The strategies that insecurely attached individuals use to cope with their partners infidelity could increase their risk for developing serious emotional problems as studies have found an association between secondary attachment strategies and affective disorders (e.g. Berant, Mikulincer, & Florian, 2001; Birnbaum, Orr, Mikulincer, & Florian, 1997). Furthermore, by using coping strategies aimed at cognitively detaching, or escaping from thoughts of the infidelity, insecurely attached individuals are less likely to resolve their distress. If the infidelity is a prolonged incident, which obliges the individual to continuously confront their partners' infidelity, then the individual may feel inadequate at coping with the situation. This could lead to a 'self-fulfilling cycle' in which the individual's difficulty with emotion regulation reinforces their negative models of self, which consequently perpetuates their emotion regulation issues. This cycle may decrease insecurely attached individuals level of functioning and increase their susceptibility of developing mental health difficulties (Mikulincer & Shaver, 2011).

The current study's findings however advocate potential therapeutic interventions for individuals coping with partner infidelity. Whilst attachment styles are not impossible to change in adulthood, Bowlby (1988) recognised that this was difficult. Given that many psychotherapeutic services such as those within the National Health Service (NHS) confine the number of sessions offered to clients, individuals are unlikely to have sufficient time to work on changing longstanding attachment patterns. However, the significant associations between attachment and coping strategies found within this study suggests that brief therapeutic interventions could focus on helping clients understand the ineffective coping strategies which arise from their adult attachment style and support them in challenging their cognitions and adopting more effective methods of coping with their partner's infidelity. For example, therapists working with anxiously attached individuals could support them in understanding that due to their concerns about being rejected and abandoned by attachment figures, they may cope with their distress by blaming themselves for their partner's infidelity. Interventions could then support the client to re-evaluate the validity of their thoughts, move away from biased negative appraisals, and develop more balanced and objective cognitions regarding the cause of their situation. Moreover, therapists working with avoidantly attached clients could help them understand that they may hold little hope of receiving others' care and therefore may not turn to significant others for support when coping with their partner's infidelity in order to protect themselves. The therapist could then focus on helping the client develop support seeking strategies by encouraging the client to experiment with trusting and confiding in significant others in-between sessions.

In addition, emotionally focused therapy (EFT; Greenberg & Johnson, 1988; Johnson, 1996) demonstrates that the way an individual responds to relationship attachment injuries, including infidelity, are likely to create impasses within couple's therapy. Specifically, not

confiding one's attachment needs and vulnerabilities, and withdrawing are likely to prevent the couple from overcoming the incident, and repairing their attachment bond. The current study's results suggest that in response to partner infidelity, avoidantly attached individuals are likely to engage in low levels of support seeking and that avoidantly and anxiously attached individuals are likely to engage in strategies aimed at disengaging themselves from thoughts about the infidelity. Consequently, these coping strategies are likely to inhibit the development of a secure attachment bond as they prevent accessible, responsive, caring, and supportive interactions with one's partner, and the processing and restructuring of thoughts and emotions associated with the infidelity (Johnson et al., 2001). As a result, these coping strategies may heighten feelings of despair and alienation and maintain feelings of distress (Wei et al., 2003). Thus, the current study offers insight into how therapists can help clients to understand that the strategies that arise from their attachment style, and which they use to manage their distress, may actually impede their ability to overcome their partner's infidelity and prevent relationship repair. Therapists can then focus on helping the individual client or couple to develop strategies that foster positive and caring interactions and which promote the development of a secure attachment bond.

Limitations and Future Research

The following section identifies the limitations of the study, discusses how these could have been addressed, and provides recommendations for future research. Firstly, participant partners who committed the infidelity may not be theoretically considered an attachment figure. According to attachment theory (e.g., Ainsworth, 1991; Hazan & Shaver, 1994; Hazan & Zeifman, 1994), there are conceptual requirements for an individual to be regarded as another person's attachment figure: the individual must be a "target for proximity seeking" (Mikulincer & Shaver, 2010, p.17), serve as a secure base and a safe haven, and finally the individual's

anticipated or actual parting must result in separation distress. If, in the present study, the partner committing the infidelity did not meet these conceptual requirements, then the partner would not be theoretically considered an attachment figure. To address this limitation, the study could have asked participants questions based on the aforementioned criteria to determine whether their partner exhibited these unique features.

Secondly, the study did not identify participants' principal attachment figure and their other attachment figures. According to Bowlby (1962/1982), adults can have a "hierarchy of attachment figures" which can include a wide range of individuals such as family members, close friends, trusted colleagues, coaches, therapists, and their intimate partner. Moreover, as the Ways of Coping Questionnaire's (Lazarus et al., 1986) seeking support scale does not specify who support is sought from (i.e. partner, friend, family member, therapist), this study was unable to determine whether support seeking strategies differed according to the type of relationship.

Thus, identifying participants' hierarchy of attachment figures, and altering the coping measure's seeking support scale to differentiate who support was sought from, could have strengthened the study. (The former of these approaches was used within Holmberg et al.'s (2011) study on attachment and coping sequence.) These steps could have determined whether individuals with different attachment styles sought support from their principle attachment figure, even if this individual was their partner who committed the infidelity and the source of their distress, or whether individuals sought support from attachment figures lower on their attachment figure hierarchy.

Thirdly, whilst the present study was able to predict the types of coping strategies insecurely attached individuals are likely to use when coping with a partner's infidelity, it did not directly focus on the impact this had on participants' psychological distress in relation to memories of partner infidelity. However, exploratory analyses did reveal that certain coping strategies partially and fully mediated the relations between attachment and psychological distress. These results indicate that the strategies used to cope with partner infidelity have a direct and indirect effect on psychological distress. Although previous research has investigated perceived coping as a mediator between attachment and psychological distress (Wei et al., 2003), the researcher is not aware of this being investigated within the context of partner infidelity. Future research using mediator analyses could therefore offer interesting information into the complex relationship between attachment, coping, and psychological distress, and shed light on whether specific strategies may increase an individual's vulnerability of developing mental health difficulties in response to a partner's infidelity.

Fourthly, although this study's inclusion criteria required participants to agree that their partners' infidelity constituted a violation of agreed-upon norms in the relationship in relation to emotional or sexual exclusivity, the study was unable to capture participants' personal meaning of their partner's infidelity and how this impacted their use of coping strategies. As individuals with different attachment styles vary in their perception of relationships, i.e. securely and anxiously attached individuals desire closeness with their partner compared to individual's with an avoidant attachment who desire more autonomy (Fraley & Shaver, 2000), applying a mixed methods methodology to this study could have offered a rich understanding into different attachment styles' experience of coping with partner infidelity. Thus, by conducting interviews with several of the participants who had completed the quantitative part of the study, these single cases could have offered more in-depth information and allow the

examination of unexpected outcomes or information. A recommendation for future research is a mixed-methods study that explores securely attached individuals experience of partner betrayal. This research could offer interesting insights into how these individuals cope when their partner is appraised as no longer being “available”.

Next, there are certain limitations of the study’s design. Although the researcher strived for the study sample to be representative of the population, snowball and self-selected sampling could have resulted in an important limitation: biased responses. As research adverts were placed in online infidelity forums, it is possible that individuals who visit these forums have particular personality traits, which are related to the probability of using certain coping strategies. For example, individuals who are more concerned or distressed by the infidelity may be more likely to go on these type of websites in order to seek advice or support whilst individuals who suppress thoughts about the infidelity may be less likely to visit these forums as doing so would bring these thoughts to their mind and activate their defensively deactivated attachment system.

Other possible sources of bias have been considered. As the current study relied on individuals’ memories of coping with partner infidelity, it is possible that this created a cognitive bias that impaired or altered participant’s content of the incident. Moreover, due to the current study’s use of self-report measures, it is possible that response bias altered participants’ scores. For example, avoidantly attached individuals may have exaggerated their low levels of relationship satisfaction in an attempt to minimise the importance of their relationship with that partner.

Finally, the exploratory analyses also revealed that avoidantly attached individuals were significantly more likely to report no longer being in a relationship with the partner who had committed the infidelity, compared to anxiously attached individuals who were significantly more likely to report still being in a relationship with the partner who had engaged in infidelity. Whilst the reasons underlying participants' decisions to terminate or remain in these relationships are unknown, this finding appears to suggest that anxiously attached individuals' fear of abandonment (Fraley & Shaver, 2000) may encourage them to stay with their partner. Conversely, avoidantly attached individuals' focus on self-reliance (Mikulincer et al., 2003) may encourage them to leave the relationship. Future research that investigates this area could offer clinically valuable information. For example, anxiously attached individuals may stay in relationships due to their fear of isolation, resulting in them "putting up" with the repercussions of the infidelity. Alternatively, it could be that anxiously attached individuals' fear causes them to make efforts to repair the relationship. Conversely, avoidantly attached individuals' sense of self-reliance may discourage them to make the efforts to repair the relationship, leading them to instead leave.

Strengths of the Study

The current study had important strengths. In line with the researcher's post-positivist epistemological stance, the researcher does not believe that reality can be known with conviction, but strived for objectivity by recognising the possible effects of biases and by taking certain precautions against these. Firstly, as many consider infidelity to be emotionally distressing and socially taboo, individuals might feel ashamed, uncomfortable, or embarrassed about their partner's infidelity and therefore may be less honest when sharing the details of their experience. With this in mind, the researcher took precautions by placing confidentiality as a major criterion through collecting data online and not requesting identifying information.

Consequently, the researcher hoped that participants would feel reassured of their anonymity and encouraged to respond openly and truthfully.

Secondly, although the researcher agrees that measurements are inherently fallible, the measurements that were chosen for this study have survived the "natural selection theory of knowledge" by being modified according to criticism and have survived research scrutiny. As such, these measurements are widely recognised and very well established within their fields of research (e.g. Hobdy, Hayslip, Kaminski, Crowley, Riggs, & York, 2007; & Ognibene & Collins, 1998).

Thirdly, the researcher recognised the post-positivist stance that the values, theories, and background of a researcher influences his/her observations. Whilst the researcher strived to remain neutral when seeking the objective "truth" of this projects question, she was aware that her own values might have inadvertently affected he way in which she approached the topic. Consequently, she followed Blow and Hartnett's suggestion for research on value-laden topics by disclosing her values on the topic of infidelity.

Finally, the researcher was interested in measuring the cause and effect of childhood experiences on coping with infidelity. However, as this is a cross-sectional study, and not a longitudinal one, the researcher does not "know" that participants' childhood attachment history influenced their way of coping with partner infidelity and was therefore careful to not make this inference. Instead, the researcher can only state that individuals' adult attachment style is a significant predictor of coping with infidelity.

Conclusion

This study aimed to investigate whether attachment related anxiety and attachment related avoidance are significant predictors of coping strategies in relation to memories of coping with partner infidelity. The results showed that the higher a participant's attachment avoidance score was (attachment avoidance), the lower their seeking social support and confrontive coping scores were and the higher their distancing score was. The study also found that the higher a participant's attachment anxiety score was (attachment anxiety), the higher their accepting responsibility and escape avoidance scores were, and the lower their positive reappraisal score was. According to previous research (e.g. Johnson et al., 2001; Wei et al., 2003), these coping strategies may cause psychological distress and may impede an individual's ability to overcome their partner's infidelity and repair their relationship. Therapy interventions which focus on helping clients understand the ineffective coping mechanisms which arise from their attachment patterns, and which support clients in engaging in more effective coping mechanisms, are likely to decrease distress and encourage interpersonal interactions which promote the development of a secure attachment bond.

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Appendix A

Information Sheet



Experiences of being cheated on whilst in a committed relationship

You are being invited to take part in a research study hosted by the University of East London. Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully.

Why have I been invited to participate?

This research study is intended for individuals who have experienced infidelity whilst in an intimate relationship, be it married, cohabiting, engaged or dating for a minimum of 1 year. Even if you are no longer with this particular partner, you may still participate within the following study.

What is the purpose of the study?

Infidelity, whether sexual, emotional, or both, can have effects on a betrayed partner within a romantic relationship. The aim of this research study is to understand how individuals whom have experienced infidelity within a committed relationship, respond to the discovery of their partner's infidelity.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you may print this information sheet to keep and you will be asked to agree to a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason.

What will happen to me when I take part?

You will be guided through a series of questions on the following pages which are likely to take around a total of 10-15 minutes to complete. You are free to discontinue questioning at any time during the survey by closing the [surveymonkey.com](https://www.surveymonkey.com) browser window.

What are the possible benefits of taking part?

By taking part in this study, you will help develop research on how counselling psychologists can provide support individuals with relationship difficulties.

What are the possible risks of taking part?

The study may be upsetting for some individuals as it could bring up the memories and emotions of a partner's infidelity. In such cases, participants can find contact details of psychologists with whom they may receive support from at

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<http://www.bps.org.uk/bpslegacy/dcp> or can speak with a counsellor by phoning Relate, the national federated charity specialising in relationship support, on 0300 100 1234. For more information visit: <http://www.relate.org.uk/phone-online-counselling/index.html>. Please note that any cost in seeking medical assistance is at your own expense.

Will I be required to give my name or email address?

No, you will not be asked to give your name or email address. As such, your identity will be completely anonymous.

Will what I say in this study be kept confidential?

All information collected about the individual will be kept strictly confidential and private. All study related material will be stored in a secure, password protected electronic format on research computers. Confidentiality, privacy and anonymity will be ensured in the collection, storage and publication of research material. Data generated by the study must be retained in accordance with the British Psychological Society's Code of Human Research Ethics. The data generated in the course of the research will be kept securely in password protected electronic form for a period of seven years after the completion of the research project or if published, seven years after the date of publication.

The research study is being conducted through the use of www.SurveyMonkey.com. This service will not share the study's responses in any way shape or form. SurveyMonkey uses SSL encryption to protect sensitive data as it moves along communication pathways between the participant's computer and SurveyMonkey's servers. SurveyMonkey policy is to not use the information collected from the research in any way or sell or share the study's responses with third party advertisers or marketers. Survey Monkey store their data in a SOC 2, Type II audited facility, staffed and surveilled.

For more information on SurveyMonkey's privacy policy please refer to <http://www.surveymonkey.com/mp/policy/privacy-policy/>

Whilst you are completing the survey, you can go back to previous pages and update existing responses until the survey is finished or until you have exited the survey. After the survey is finished, you will not be able to re-enter the survey.

What should I do if I want to take part?

On the next page, you will be asked to give your consent to participate in the research study.

What will happen to the results of the research study?

The results of the research will be used in the researcher's thesis as part of her Doctorate in Counselling Psychology at The University of East London. It is likely that the results of the research study will be published in a peer reviewed journal. If you would like to obtain a copy of the research when it is published, you may request it by contacting the researcher u0924800@uel.ac.uk or her supervisor Dr. Meredith Terlecki, m.terlecki@uel.ac.uk.

Who is organising the research?

The researcher, Camille Poirier, is conducting the research as a student at The University of East London, Professional Doctorate in Counselling Psychology Department.

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Who has reviewed the study?

The research has been approved by the University Research Ethics Committee, The University of East London.

Contact for Further Information

If you would like to receive any further information on this study, please contact the researcher: u0924800@uel.ac.uk

If you have any concerns about the way in which the study has been conducted, you should contact the Chair of the University Research Ethics Committee on researchethics@uel.ac.uk

Thank you for taking the time to read this information sheet.

December 2012

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Appendix B Consent Form

	Please click box
I confirm that I have read and understand the information sheet for the following study.	
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving reason, by closing the browser window.	
I consent that I am at least 18 years of age.	
I agree to take part in the above study and to discuss details of my experiences of infidelity. By providing my consent to take part in research, I understand that I may feel upsetting emotions when recalling memories of my experiences of infidelity.	

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Appendix C **Demographics**

- 1) Are you Male or Female?
- 2) What is your age?
- 3) What is the highest level of education you have completed?
- 4) What is your current marital status?
- 5) What is your religious affiliation?
- 6) What is your ethnicity?

Appendix D

Infidelity Questions

The current study defines infidelity as a sexual and/or emotional act engaged in by one person within a committed relationship, where such an act occurs outside of the primary relationship and constitutes a breach of trust and/or violation of agreed-upon norms (overt and covert) by one or both individuals in that relationship in relation to romantic/emotional or sexual exclusivity.

The following questionnaire aims to understand how individuals whom have experienced infidelity within a committed relationship respond to the discovery of their partner's infidelity.

When completing the following questionnaire, it is important that you think of one specific committed relationship in which your partner was unfaithful. This relationship must have lasted for a minimum of one year.

1. Please specify the type of relationship in which the infidelity occurred?

Married
Cohabiting
Engaged
Dating

2. How long did the relationship approximately last?

Numerical list of years will be given

3. Are you still in a relationship with this person?

Yes
No

4. Did this partner's infidelity constitute a violation of agreed-upon norms in your relationship in relation to emotional or sexual exclusivity?

Yes
No

5. Was this the partner's only occurrence of infidelity?

Yes
No

6. Did you engage in infidelity within this relationship?

Yes
No

7. Some extramarital involvements are mainly emotional with little or no sexual involvement, and others are just the opposite. How would you describe this partner's infidelity?

1. Entirely sexual
2. Mainly sexual
3. More sexual than emotional
4. More emotional than sexual
5. Mainly emotional
6. Entirely emotional

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8. To the best of your knowledge, what is the greatest extent that this partner was sexually involved with someone other than you while still in your relationship?

1. No sexual or physical involvement
2. Kissing
3. Hugging and caressing
4. Petting
5. Sexually intimate without intercourse
6. Sexual intercourse

9. To the best of your knowledge, what is the greatest extent that your partner was emotionally involved with someone other than you while you were still in your relationship?

1. No emotional involvement
2. Slight emotional involvement
3. Moderate emotional involvement
4. Strong emotional involvement
5. Extremely deep emotional involvement

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Appendix E

The Experiences in Close Relationships-Revised (ECR-R) Questionnaire Fraley, Waller, and Brennan (2000)

The statements below concern how you feel in emotionally intimate relationships. We are interested in how you *generally* experience relationships, not just in what is happening in a current relationship.

Respond to each statement by clicking a circle to indicate how much you agree or disagree with the statement.

Rating Scale:

- 1 = Strongly disagree
- 2 = Disagree
- 3 = Somewhat disagree
- 4 = Neither agree nor disagree
- 5 = Somewhat agree
- 6 = Agree
- 7 = Strongly agree

1. I'm afraid that I will lose my partner's love.
2. I often worry that my partner will not want to stay with me.
3. I often worry that my partner doesn't really love me.
4. I worry that romantic partners won't care about me as much as I care about them.
5. I often wish that my partner's feelings for me were as strong as my feelings for him or her.
6. I worry a lot about my relationships.
7. When my partner is out of sight, I worry that he or she might become interested in someone else.
8. When I show my feelings for romantic partners, I'm afraid they will not feel the same about me.
9. I rarely worry about my partner leaving me.
10. My romantic partner makes me doubt myself.
11. I do not often worry about being abandoned.
12. I find that my partner(s) don't want to get as close as I would like.
13. Sometimes romantic partners change their feelings about me for no apparent reason.
14. My desire to be very close sometimes scares people away.
15. I'm afraid that once a romantic partner gets to know me, he or she won't like who I really am.
16. It makes me mad that I don't get the affection and support I need from my partner.
17. I worry that I won't measure up to other people.
18. My partner only seems to notice me when I'm angry.
19. I prefer not to show a partner how I feel deep down.
20. I feel comfortable sharing my private thoughts and feelings with my partner.
21. I find it difficult to allow myself to depend on romantic partners.
22. I am very comfortable being close to romantic partners.
23. I don't feel comfortable opening up to romantic partners.
24. I prefer not to be too close to romantic partners.
25. I get uncomfortable when a romantic partner wants to be very close.
26. I find it relatively easy to get close to my partner.
27. It's not difficult for me to get close to my partner.

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- 28. I usually discuss my problems and concerns with my partner.
- 29. It helps to turn to my romantic partner in times of need.
- 30. I tell my partner just about everything.
- 31. I talk things over with my partner.
- 32. I am nervous when partners get too close to me.
- 33. I feel comfortable depending on romantic partners.
- 34. I find it easy to depend on romantic partners.
- 35. It's easy for me to be affectionate with my partner.
- 36. My partner really understands me and my needs.

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Appendix F **Ways of Coping Questionnaire** **Folkman and Lazarus (1988)**

Instructions

Before responding to the statements below, please take a few moments to think about the time after your discovery of your partner's infidelity, such as how you acted, where you were, and who was involved.

As you respond to each of the statements, please keep the time after your discovery of your partner's infidelity in mind.

Read each statement carefully and indicate, by clicking 0, 1, 2 or 3, to what extent you used it in the situation.

Rating scale:

0 = Does not apply or not used

1 = Used somewhat

2 = Used quite a bit

3 = Used a great deal

- | | |
|---|---------|
| 1. I just concentrated on what I had to do next – the next step. | 0 1 2 3 |
| 2. I tried to analyze the problem in order to understand it better | 0 1 2 3 |
| 3. I turned to work or another activity to take my mind off things | 0 1 2 3 |
| 4. I felt that time would have made a difference –
the only thing was to wait. | 0 1 2 3 |
| 5. I bargained or compromised to get something positive
from the situation. | 0 1 2 3 |
| 6. I did something that I didn't think would work,
but at least I was doing something. | 0 1 2 3 |
| 7. I tried to get the person responsible to change his or her mind. | 0 1 2 3 |
| 8. I talked to someone to find out more about the situation. | 0 1 2 3 |
| 9. I criticized or lectured myself. | 0 1 2 3 |
| 10. I tried not to burn my bridges, but leave things open somewhat. | 0 1 2 3 |
| 11. I hoped for a miracle. | 0 1 2 3 |
| 12. I went along with fate; sometimes I just have bad luck. | 0 1 2 3 |
| 13. I went on as if nothing had happened. | 0 1 2 3 |
| 14. I tried to keep my feelings to myself. | 0 1 2 3 |
| 15. I looked for the silver lining, so to speak;
I tried to look on the bright side of things. | 0 1 2 3 |
| 16. I slept more than usual. | 0 1 2 3 |
| 17. I expressed anger to the person(s) who caused the problem. | 0 1 2 3 |
| 18. I accepted sympathy and understanding from someone. | 0 1 2 3 |
| 19. I told myself things that helped me feel better. | 0 1 2 3 |
| 20. I was inspired to do something creative about the problem. | 0 1 2 3 |
| 21. I tried to forget the whole thing. | 0 1 2 3 |
| 22. I got professional help. | 0 1 2 3 |
| 23. I changed or grew as a person. | 0 1 2 3 |
| 24. I waited to see what would happen before doing anything. | 0 1 2 3 |
| 25. I apologized or did something to make up. | 0 1 2 3 |

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- | | |
|--|---------|
| 26. I made a plan of action and followed it. | 0 1 2 3 |
| 27. I accepted the next best thing to what I wanted. | 0 1 2 3 |
| 28. I let my feelings out somehow. | 0 1 2 3 |
| 29. I realized that I had brought the problem on myself. | 0 1 2 3 |
| 30. I came out of the experience better than when I went in. | 0 1 2 3 |
| 31. I talked to someone who could do something concrete about the problem. | 0 1 2 3 |
| 32. I tried to get away from it for a while by resting or taking a vacation. | 0 1 2 3 |
| 33. I tried to make myself feel better by eating, drinking, smoking, using drugs, or medications, etc. | 0 1 2 3 |
| 34. I took a big chance or did something very risky to solve the problem. | 0 1 2 3 |
| 35. I tried not to act too hastily or follow my first hunch. | 0 1 2 3 |
| 36. I found new faith. | 0 1 2 3 |
| 37. I maintained my pride and kept a stiff upper lip. | 0 1 2 3 |
| 38. I rediscovered what is important in life. | 0 1 2 3 |
| 39. I changed something so things would turn out all right. | 0 1 2 3 |
| 40. I generally avoided being with people. | 0 1 2 3 |
| 41. I didn't let it get to me; I refused to think too much about it. | 0 1 2 3 |
| 42. I asked advice from a relative or friend I respected. | 0 1 2 3 |
| 43. I kept others from knowing how bad things were. | 0 1 2 3 |
| 44. I made light of the situation; I refused to get too serious about it. | 0 1 2 3 |
| 45. I talked to someone about how I was feeling. | 0 1 2 3 |
| 46. I stood my ground and fought for what I wanted. | 0 1 2 3 |
| 47. I took it out on other people. | 0 1 2 3 |
| 48. I drew on my past experiences; I was in a similar situation before. | 0 1 2 3 |
| 49. I knew what had to be done, so I doubled my efforts to make things work. | 0 1 2 3 |
| 50. I refused to believe that it had happened. | 0 1 2 3 |
| 51. I promised myself that things would be different next time. | 0 1 2 3 |
| 52. I came up with a couple of different solutions to the problem. | 0 1 2 3 |
| 53. I accepted the situation, since nothing could be done. | 0 1 2 3 |
| 54. I tried to keep my feeling about the problem from interfering with other things. | 0 1 2 3 |
| 55. I wished that I could change what had happened or how I felt. | 0 1 2 3 |
| 56. I changed something about myself. | 0 1 2 3 |
| 57. I daydreamed or imagined a better time or place than the one I was in. | 0 1 2 3 |
| 58. I wished that the situation would go away or somehow be over with. | 0 1 2 3 |
| 59. I had fantasies or wishes about how things might turn out. | 0 1 2 3 |
| 60. I prayed. | 0 1 2 3 |
| 61. I prepared myself for the worst. | 0 1 2 3 |
| 62. I went over in my mind what I would say or do. | 0 1 2 3 |
| 63. I thought about how a person I admire would handle this situation and used that as a model. | 0 1 2 3 |
| 64. I tried to see things from the other person's point of view. | 0 1 2 3 |
| 65. I reminded myself how much worse things could be. | 0 1 2 3 |
| 66. I jogged or exercised. | 0 1 2 3 |

Appendix G

Depression Anxiety Stress Subscales- 21

Henry & Crawford (2005)

Please read each statement and click a number 0, 1, 2 or 3 that indicates how much the statement applied to you during the time after your discovery of your partner's infidelity.

Rating Scale:

0 = Did not apply to me at all

1 = Applied to me to some degree, or some of the time

2 = Applied to me to a considerable degree, or a good part of time

3 = Applied to me very much, or most of the time

1. I found it hard to wind down
2. I was aware of dryness of my mouth
3. I couldn't seem to experience any positive feeling at all
4. I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)
5. I found it difficult to work up the initiative to do things
6. I tended to over-react to situations
7. I experienced trembling (eg, in the hands)
8. I felt that I was using a lot of nervous energy
9. I was worried about situations in which I might panic and make a fool of myself
10. I felt that I had nothing to look forward to
11. I found myself getting agitated
12. I found it difficult to relax
13. I felt down-hearted and blue
14. I was intolerant of anything that kept me from getting on with
15. what I was doing
16. I felt I was close to panic
17. I was unable to become enthusiastic about anything
18. I felt I wasn't worth much as a person
19. I felt that I was rather touchy
20. I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)
21. I felt scared without any good reason
22. I felt that life was meaningless

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Appendix H RELATIONSHIP ASSESSMENT SCALE Hendrick (1988)

Please read each statement and click the letter that indicates how much the statement applied to you with your partner **before** your discovery of their infidelity.

1. How well did your partner meet your needs?

A	B	C	D	E
Poorly		Average		Extremely well

2. In general, how satisfied were you with your relationship?

A	B	C	D	E
Unsatisfied		Average		Extremely satisfied

3. How good was your relationship compared to most?

A	B	C	D	E
Poor		Average		Excellent

4. How often did you wish you hadn't gotten in this relationship?

A	B	C	D	E
Never		Average		Very often

5. To what extent had your relationship met your original expectations?

A	B	C	D	E
Hardly at all		Average		Completely

6. How much did you love your partner?

A	B	C	D	E
Not Much		Average		Very much

7. How many problems were there in your relationship?

A	B	C	D	E
Very few		Average		Very many

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Appendix I **Study Debrief**

Thank you for taking the time to participate in the present study, concerned with the effect of attachment styles on coping responses to a partner's infidelity.

Originally formulated by John Bowlby, attachment theory describes the dynamics of relationships between people, particularly the importance of the relationship between a young child and their caregiver for healthy social and emotional development. Early experiences of relationships help form an individual's beliefs about themselves and others, how they respond to their emotions and how they seek support. As such, this study hypothesizes that an individual's style of attachment will influence the specific strategies used whilst coping with the distress from a partner's infidelity.

If you are interested in learning more about this study or have any questions about your participation, please feel free to contact the researcher, Camille Poirier on u0924800@uel.ac.uk. If you have any concerns about the way in which the study has been conducted, you should contact the Chair of the University Research Ethics Committee at the University of East London at researchethics@uel.ac.uk.

We would be very grateful if you shared the link to this study with any friends or acquaintances that would be willing to participate.

If you experienced distress as a result of your participation in this study, you may find contact us. Also please find details of psychologists on the following link <http://www.bps.org.uk/bpslegacy/dcp>. You may also speak with a counsellor by phoning Relate, the national federated charity specialising in relationship support, on 0300 100 1234. For more information please visit: <http://www.relate.org.uk/phone-online-counselling/index.html>. Please note that any cost in seeking medical assistance is at your own expense.

Your confidentiality, privacy and anonymity will be ensured in the collection, storage and publication of research material. Once you have exited this survey, it will not be possible to re-enter the survey to view or modify your responses.

In order to increase your privacy, we advise all participants to clear their web history once closing out of this window. Please find the following instructions for guidance on how to do this.

Microsoft Windows users running Microsoft Internet Explorer 6 and above can delete their history files by clicking the "Tools" menu, "Internet Options", and clicking the "Delete Files" or "Delete" button.

Mozilla Firefox Users can clear their history by clicking the "Tools" menu, "Options", clicking the "Privacy" button, and under "History" click the "Clear" or "Clear Now" button.

Safari users can clear their history by clicking on the "gear" icon, which is located near the top-right side of the browser window. Click the Reset Safari link. Check Clear history to clear the history. Once your options have been selected, click the Reset button.

Thank you again for your participation.

Thank you for your time.

If you have any friends or acquaintances that would be willing to participate we would be very grateful if you shared the link to this study with them.

You may now close this webpage.

Appendix K

UNIVERSITY OF EAST LONDON

**APPLICATION FOR THE APPROVAL OF A RESEARCH PROGRAMME
INVOLVING HUMAN
PARTICIPANTS**

Please read the Notes for Guidance before completing this form. If necessary, please continue your answers on a separate sheet of paper: indicate clearly which question the continuation sheet relates to and ensure that it is securely fastened to the report form.

1.	Title of the programme: Professional Doctorate in Counselling Psychology	
	Title of research project (if different from above): Attachment style differences in coping responses to a partner's infidelity	
	Name of researcher (s) (including title): Miss Camille Poirier	
	Nature of researcher (delete as appropriate):	
	(b) students	
	If "others" please give full details:	
	Student number: 0924800	
	Email: Camille.poirier@yahoo.com	
2.	Name of person responsible for the programme (Principal Investigator): Rachel Tribe	
	Status: Professor	
	Name of supervisor (if different from above): Meredith Terlecki	
	Status: PhD	
3.	School: Psychology	Department/Unit: Professional Doctorate in Counselling Psychology

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4.	Level of the programme (delete as Appropriate): (c) Postgraduate Professional Doctorate
5.	Number of: (a) researchers (approximately): 1 (b) participants (approximately): 300
6.	Nature of participants (general characteristics, e.g University students, primary school children, etc): Adults (over the age of 18) in the general public who have had the experience of their partner engaging in an affair.
7.	Probable duration of the research: from (starting date): As soon as possible to (finishing date): September 2014

8. Aims of the research including any hypothesis to be tested:

The research aims to apply an attachment theory framework to understand how individuals cope upon discovering a partner's infidelity. The study will be conducted using quantitative analyses.

In regards to the conceptualization of infidelity, the current study will be following the definitional considerations put forth by Blow and Hartnett (2005) which they recommend for infidelity studies with the aim of improving consistency within the infidelity literature. Their broad definition of infidelity is as follows:

Infidelity is a sexual and/or emotional act engaged in by one person within a committed relationship, where such an act occurs outside of the primary relationship and constitutes a breach of trust and/or violation of agreed-upon norms (overt and covert) by one or both individuals in that relationship in relation to romantic/emotional or sexual exclusivity.

The study's hypothesis are as follows:

Attachment styles will significantly differ in their use of coping strategies in relation to a partner's infidelity.

(1.1) Participants in the securely-attached groups will score significantly higher on the *positive reappraisal, self-controlling, seeking support from family and friends, accepting*

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responsibility, and the playful problem solving scales on the Ways of Coping measure relative to participants in the preoccupied, fearful, and dismissing-attached groups.

(1.2) Participants in the preoccupied-attached groups will score significantly higher on *seeking support from family and friends, seeking support from partner, confrontive coping, and escape-avoidance* (but only on items related to wishful) scales on the Ways of Coping measure relative to participants in the secure, fearful, and dismissing attached groups.

(1.3) Participants in the fearful and dismissing-attached groups will score significantly higher on *distancing, and escape avoidance* scales (but only on items related to behavioural efforts to distance themselves) on the Ways of Coping measure relative to participants in the secure, and securely attached groups.

9. Description of the procedures to be used (give sufficient detail for the Committee to be clear about what

is involved in the research). Please append to the application form copies of any instructional leaflets,

letters, questionnaires, forms or other documents which will be issued to participants:

The study will recruit participants through snowball sampling through colleagues and friends and self-selected sampling by placing an advert in the forums of relationship websites, community centres for women, and in a national newspaper. The websites and forums will be contacted prior to posting the advert to request permission. The adverts will direct participants to surveymonkey.com where the study's questionnaires can be completed.

Once accepting to participate online, participants will be:

- 1) Presented with an Information Form (see Appendix A) and required to indicate whether they accept to participate on a Consent Form (see Appendix B)
- 2) Complete two forms on demographics (age, gender, ethnicity, religion, education level; see Appendix C) and infidelity related questions (type of affair, relationship status, infidelity frequency, affair committed by one or both partners, negative life experiences) (**see Appendix D**).
- 3) Respond to the four questionnaires (See Appendix E, F, G & H)
 - (1) Adult attachment will be measured by means of the *Experiences in Close Relationships* (ECR-R) (Fraley, Waller, & Brennan, 2000), a self report attachment measure containing two 18-item scales assessing anxiety about abandonment and avoidance in adult romantic relationships. The Cronbach alpha coefficients are reported to be near or above .90, and test-retest coefficients are reported to be between .50 and .75, with little correlation between the two scales of anxiety and avoidance in most samples (Mikulincer & Shaver, 2007).
 - (2) Coping will be measured with the use of the *Ways of Coping Questionnaire* (WOC) (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986) which includes eight scales: Confrontive Coping; Distancing; Self-Controlling; Seeking Social Support; Accepting Responsibility; Escape-Avoidance; Playful Problem Solving; Positive Reappraisal. The Cronbach alpha coefficients for

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these eight scales range between .61 (Distancing) and .79 (Positive Reappraisal) (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986). The questionnaire's validity and utility has received supporting evidence (Lazarus, 2006; Mikulincer & Florian, 2001; Skinner et al., 2003) and has become a well established measure within the research field of attachment and coping (Hobdy et al., 2007; Koopman et al., 2000; Ognibene & Collins, 1998).

- (3) The *Depression Anxiety Stress Subscales-21* (Henry & Crawford, 2005), is a 21-item self-report instrument used to briefly assess negative emotional states. The measure contains three seven-item subscale measures of depression, anxiety and stress. The Cronbach's alpha coefficients for these three scales are as follows: depression scale: .87-.89, anxiety scale: .80-.83, and stress scale: .89-.91 (Henry et al., 2005).
 - (4) Relationship satisfaction will be measured with the *Relationship Assessment Scale (RAS)* (Hendrick, Dicke, Hendrick, 1998), a brief self-report instrument consisting of seven-items, each rated on a five-point Likert scale. This questionnaire is suitable for use with any individuals in an intimate relationship; married, cohabiting, engaged or dating (Hendrick et al., 1998),
- 4) Participants will be presented with a Participant Debriefing form (see Appendix I) which will provide a brief summary of the research background and aim. This form will also provide participants with a web link which will direct them to the British Psychological Society's directory of chartered psychologist where they can find contact details of psychologists with whom they may receive support from if needed: <http://www.bps.org.uk/bpslegacy/dcp> . In addition, participants will be provided with the phone number of Relate's telephone counselling service's booking line and a web link of this service: <http://www.relate.org.uk/phone-online-counselling/index.html>. Finally participants will be provided contact information for the researcher, researcher's supervisor and the University Research Ethics Committee in the event participants wish to discuss study-related questions or concerns.

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10. Are there potential hazards to the participant(s) in these procedures?
physically hazardous risks to participants via an e-survey.

No

If yes: (a) what is the nature of the hazard(s)?

(b) what precautions will be taken?

11. Is medical care or after care necessary?

NO

If yes, what provision has been made for this?

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12.	May these procedures cause discomfort or distress?	YES
<p>If yes, give details including likely duration:</p> <p>While it is not expected that the study will present any physical or psychological harm to the participants, the questions in and of themselves may bring up memories, thoughts, or feelings that would be considered uncomfortable given the nature of the research. While it is highly unlikely this period would be considered clinically significant or enduring, such participants may find it necessary to speak to a professional counsellor or psychologist about their experience with partner infidelity. Therefore, at the conclusion of the electronic survey, participants will be provided a web link which will direct them to the British Psychological Society's directory of chartered psychologist where participants can find contact details of psychologists with whom they may receive support from if needed: http://www.bps.org.uk/bpslegacy/dcp. Participants will also be provided with contact information for Relate, a UK-based national helpline for counselling services: http://www.relate.org.uk/phone-online-counselling/index.html. Finally, participants will be provided contact information for the researcher, researcher's supervisor and the University Research Ethics Committee in the event participants wish to discuss study-related questions or concerns.</p>		
13.	<p>(a) Will there be administration of drugs (including alcohol)?</p> <p>If yes, give details:</p> <p>(b) Where the procedures involve potential hazards and/or discomfort or distress, please state what previous experience you have had in conducting this type of research:</p> <p>None</p>	NO

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14. (a) How will the participants' consent be obtained?

Participants will be presented with an online informed consent form and will be required to indicate whether they accept to participate. If participants click 'yes' then they will be directed to the study's first set of questions. If participants click 'no' then will be directed to page which will thank them for their time, ask if they would be willing to share the survey link with people that might be willing to participate in the study, and notify them that they can exit out of the web page (see Appendix J).

- (b) What will the participants be told as to the nature of the research?

Participants will be told that the study is looking into individuals' experiences of being cheated on whilst in a committed relationship.

15. (a) Will the participants be paid?

NO

- (b) If yes, please give the amount:

£

- (c) If yes, please give full details of the reason for the payment and how the amount given in 16 (b) above has been calculated (i.e. what expenses and time lost is it intended to cover):

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16. Are the services of the University Health Service likely to be required during or after the research? NO

If yes, give details:

17. (a) Where will the research take place?

The research consent and assessment will occur online using surveymonkey.com.

- (b) What equipment (if any) will be used?

The participants will access the e-study through the weblink provided on the recruitment advert. The study will then be completed by the participants on their own computer.

- (c) If equipment is being used is there any risk of accident or injury? NO

If yes, what precautions are being taken to ensure that should any untoward event happen adequate aid can be given:

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18. Are personal data to be obtained from any of the participants? Yes

If yes,

(a) give details: Participants will be not be asked to provide their name- as a result subject responses to self-report measures will remain anonymous. Participants will however be required to provide information on their demographics as well as questionnaire data (refer to appendix). Data will be collected through the use of www.Surveymonkey.com.

(b) state what steps will be taken to protect the confidentiality of the data?
Participants will not be asked to give their name and instead will be provided with a unique participant identification number for data entry purposes. Access to data will be limited to myself and my supervisor, Dr Meredith Terlecki. Paper data will be securely stored within locked locations. Electronic data will be assigned security passwords. The research study is being conducted through the use of www.Surveymonkey.com. SurveyMonkey uses SSL encryption to protect sensitive data as it moves along communication pathways between the participant's computer and SurveyMonkey's servers. SurveyMonkey policy is to not use the information collected from the research in any way or sell or share the study's responses with third party advertisers or marketers. Survey Monkey store their data in a SOC 2, Type II audited facility, staffed and surveilled.

(c) state what will happen to the data once the research has been completed and the results written-up. If the data is to be destroyed how will this be done? How will you ensure that the data will be disposed of in such a way that there is no risk of its confidentiality being compromised?
In line with the British Psychological Society requirements, the data will be will be held for seven years after the research has been completed and the results written up. If the research is published, this will be extended for another seven years starting from the date of publication. Data in electronic form will be destroyed through the use of a data erasure (a software based method of overwriting data that completely destroys all electronic data on a hard disk or other digital media). Data in paper form will be shredded.

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19. Will any part of the research take place in premises outside the University? NO- The questionnaires will be completed by participants online.

Will any members of the research team be external to the University? NO

If yes, to either of the questions above please give full details of the extent to which the participating institution will indemnify the researchers against the consequences of any untoward event:

20. Are there any other matters or details which you consider relevant to the consideration of this proposal? If so, please elaborate below:

No other relevant matters or details.

21. If your programme involves contact with children or vulnerable adults, either direct or indirect (including observational), please confirm that you have the relevant clearance from the Criminal Records Bureau prior to the commencement of the study.

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22. DECLARATION

I undertake to abide by accepted ethical principles and appropriate code(s) of practice in carrying out this programme.

Personal data will be treated in the strictest confidence and not passed on to others without the written consent of the subject.

The nature of the investigation and any possible risks will be fully explained to intending participants, and they will be informed that:

- (a) they are in no way obliged to volunteer if there is any personal reason (which they are under no obligation to divulge) why they should not participate in the programme; and
- (b) they may withdraw from the programme at any time, without disadvantage to themselves and without being obliged to give any reason.

NAME OF APPLICANT:

Signed: _____Camille Poirier_____

_____ Date:

_____21/12/12_____

NAME OF Supervisor:

Signed: _____Meredith Terlecki_____

(Person responsible)

_____ Date:

_____21/12/12_____

NAME OF DEAN OF SCHOOL:

Signed: _____

_____ Date: _____

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References:

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Appendix L

ETHICAL PRACTICE CHECKLIST (Professional Doctorates)

SUPERVISOR: Meredith Terlecki

ASSESSOR: Paul Penn

STUDENT: Camille Poirier

DATE (sent to assessor): 21/12/2012

Proposed research topic: Attachment style differences in coping responses to a partner's infidelity

Course: Professional Doctorate in Counselling Psychology

1. Will free and informed consent of participants be obtained? NO
2. If there is any deception is it justified? N/A
3. Will information obtained remain confidential? YES /
4. Will participants be made aware of their right to withdraw at any time? YES /
5. Will participants be adequately debriefed? YES /
6. If this study involves observation does it respect participants' privacy? NA
7. If the proposal involves participants whose free and informed consent may be in question (e.g. for reasons of age, mental or emotional incapacity), are they treated ethically? NA
8. Is procedure that might cause distress to participants ethical? NA
9. If there are inducements to take part in the project is this ethical? NA
10. If there are any other ethical issues involved, are they a problem? NA

APPROVED

YES	YES, PENDING MINOR CONDITIONS	NO
-----	-------------------------------	----

MINOR CONDITIONS: Small point, but has the researcher given any thought to the implications of the participation of individual should their partner find out about their contribution to the study, it could be potentially damaging to a new relationship or the one in which the cheating occurred if the partner accessed their web history. Perhaps some advice about website privacy at the outset or conclusion of the study could defuse any potential problems.

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REASONS FOR NON APPROVAL:

Assessor initials: PP

Date: 21/12/12

RESEARCHER RISK ASSESSMENT CHECKLIST (BSc/MSc/MA)

SUPERVISOR: Meredith Terlecki

ASSESSOR: Paul Penn

STUDENT: Camille Poirier

DATE (sent to assessor): 21/12/2012

Proposed research topic: Attachment style differences in coping responses to a partner's infidelity

Course: Professional Doctorate in Counselling Psychology

Would the proposed project expose the researcher to any of the following kinds of hazard?

- | | | |
|----|--|----|
| 1 | Emotional | NO |
| 2. | Physical | NO |
| 3. | Other
(e.g. health & safety issues) | NO |

If you've answered YES to any of the above please estimate the chance of the researcher being harmed as: HIGH / MED / LOW

APPROVED

YES	YES, PENDING MINOR CONDITIONS	NO
-----	-------------------------------	----

MINOR CONDITIONS:

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REASONS FOR NON APPROVAL:

Assessor initials:

Date:

For the attention of the assessor: Please return the completed checklists by e-mail to ethics.applications@uel.ac.uk within 1 week.

SCHOOL OF PSYCHOLOGY

Dean: Professor Mark N. O. Davies, PhD, CPsychol, CBiol.



School of Psychology Professional Doctorate Programmes

To Whom It May Concern:

This is to confirm that the Professional Doctorate candidate named in the attached ethics approval is conducting research as part of the requirements of the Professional Doctorate programme on which he/she is enrolled.

The Research Ethics Committee of the School of Psychology, University of East London, has approved this candidate's research ethics application and he/she is therefore covered by the University's indemnity insurance policy while conducting the research. This policy should normally cover for any untoward event. The University does not offer 'no fault' cover, so in the event of an untoward occurrence leading to a claim against the institution, the claimant would be obliged to bring an action against the University and seek compensation through the courts.

As the candidate is a student of the University of East London, the University will act as the sponsor of his/her research. UEL will also fund expenses arising from the research, such as photocopying and postage.

Yours faithfully,

Dr. Mark Finn

Chair of the School of Psychology Ethics Sub-Committee

Stratford Campus, Water Lane, Stratford, London E15 4LZ
tel: +44 (0)20 8223 4966 fax: +44 (0)20 8223 4937
e-mail: mno.davies@uel.ac.uk web: www.uel.ac.uk/psychology



The University of East London has campuses at London Docklands and Stratford
If you have any special access or communication requirements for your visit, please let us know. MINICOM 020 8223 2853



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Appendix M

Call for Participants

I am currently conducting research for my Doctorate in Counselling Psychology on experiences of infidelity and would be extremely grateful if you would spare ten to fifteen minutes of your time to participate in my online study. You will not be required to provide your name or email and therefore your identity will remain completely anonymous. Furthermore, all of the information that you provide will be kept strictly confidential and private.

This research study is intended for individuals who have experienced infidelity whilst in an intimate relationship, be it married, cohabiting, engaged or dating for a minimum of 1 year. Even if you are no longer with this particular partner, you may still participate.

To take part in this study, click the following link: <https://www.surveymonkey.com/s/relationship-experiences>

I would very much appreciate if you could forward this advert to anyone who may be willing to participate.

Thank you very much for your time.

Best wishes,

Camille Poirier